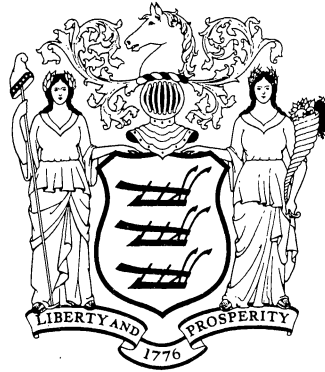


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SOCIAL SERVICES IN NEW JERSEY

Report to Governor William T. Cahill

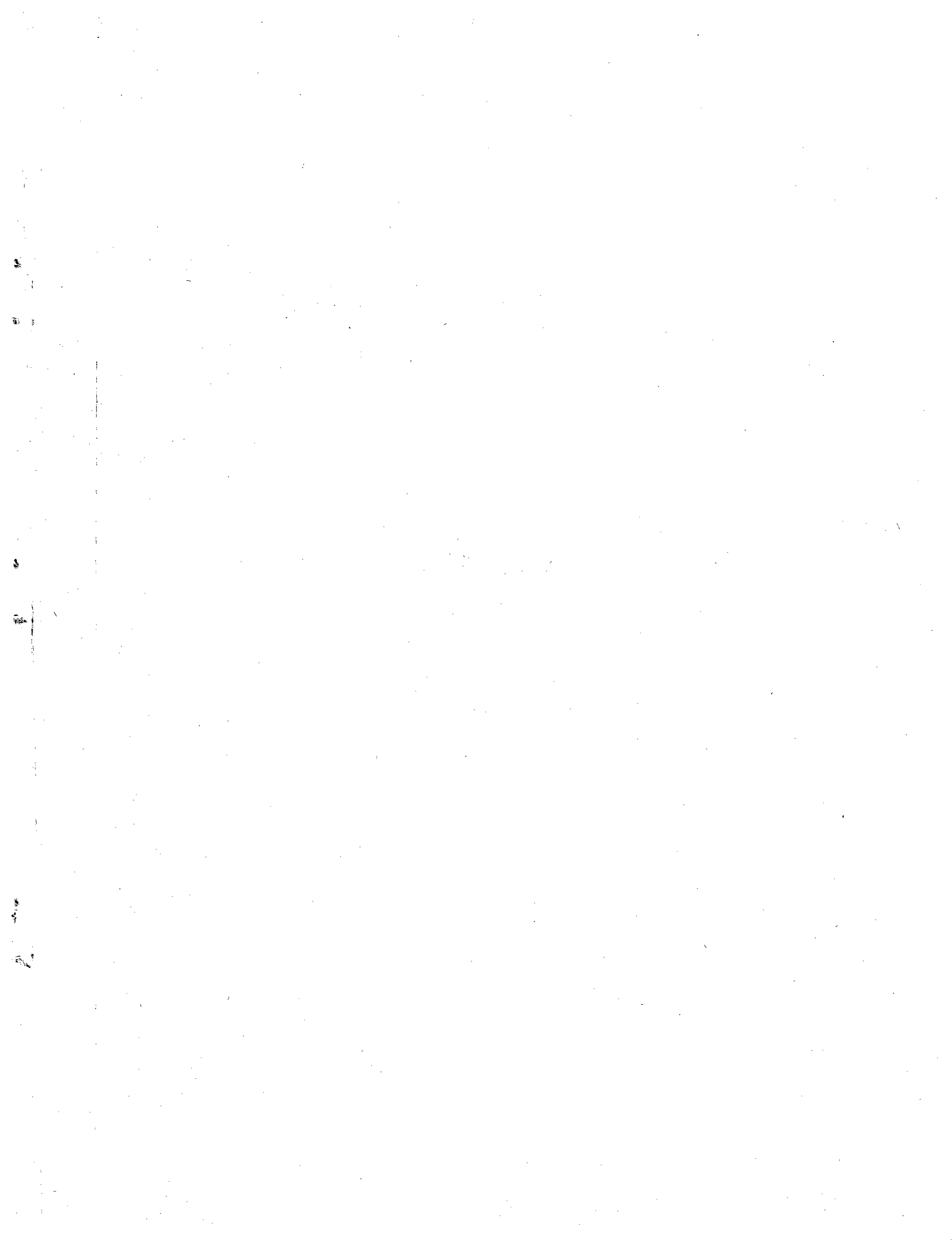


State of New Jersey

Governor's Task Force on Welfare Management

April 14, 1971

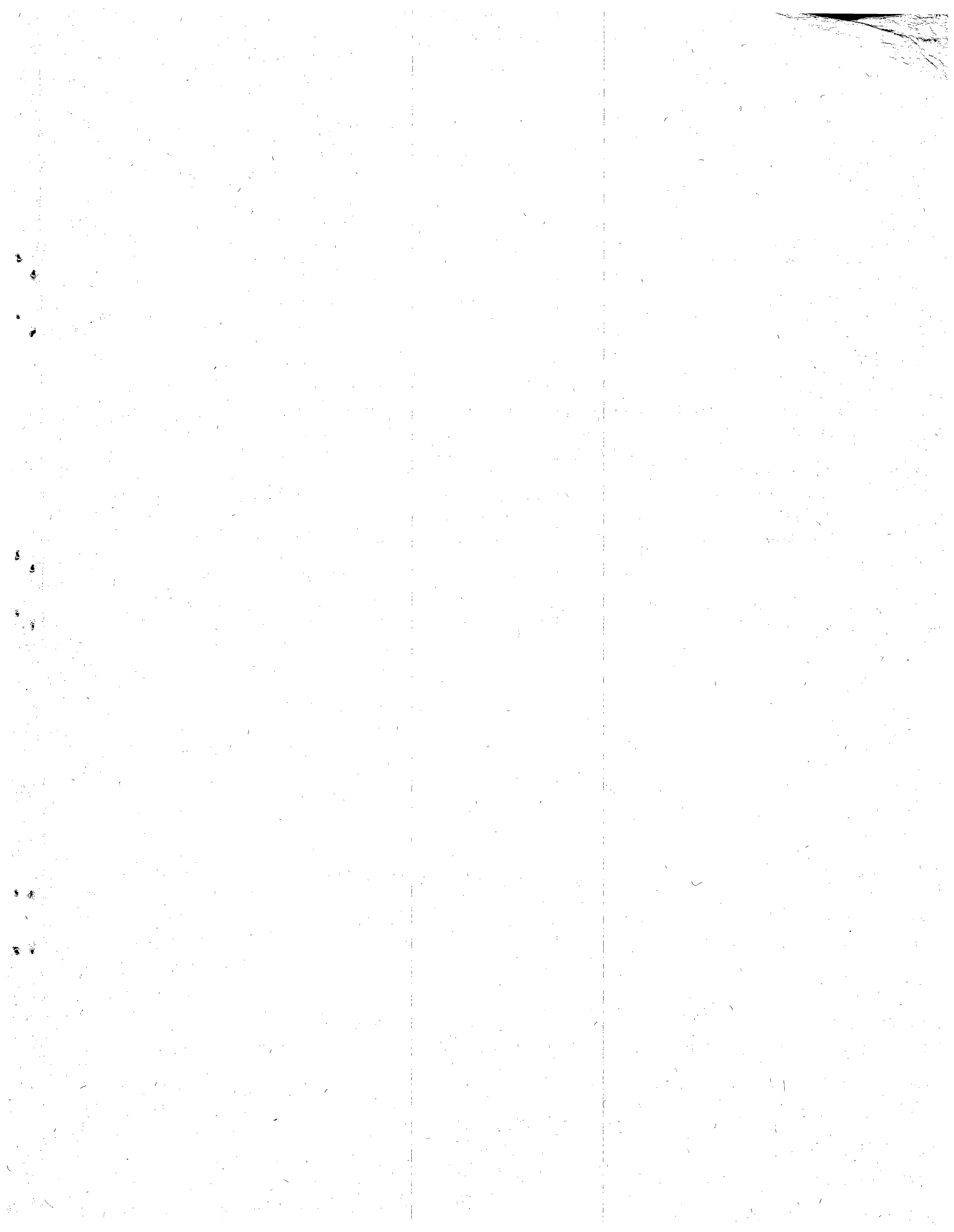
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SOCIAL SERVICES IN NEW JERSEY
Report to Governor William T. Cahill

State of New Jersey
Governor's Task Force on Welfare Management

14 April 1971





STATE OF NEW JERSEY
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14 April 1971

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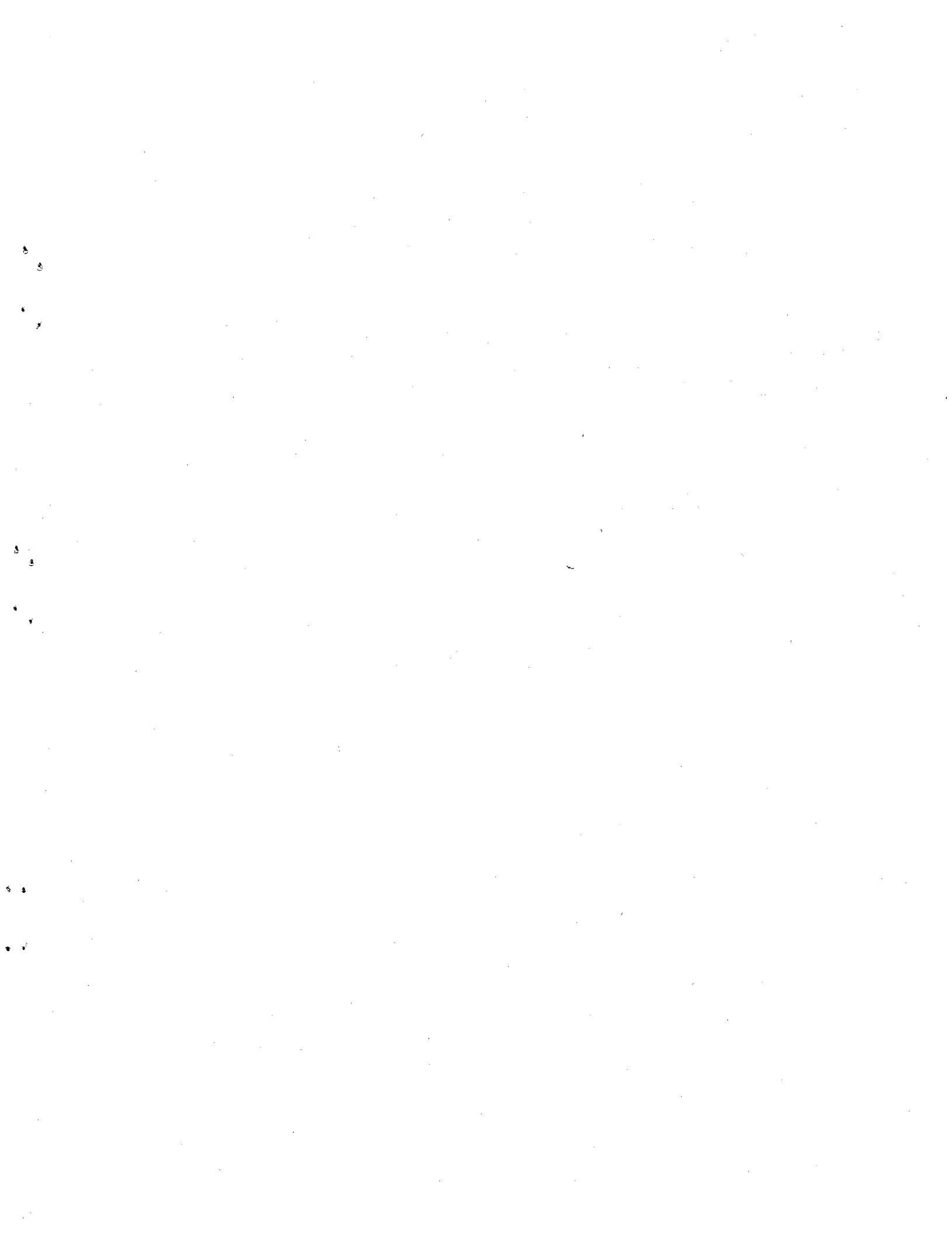
Dear Governor Cahill:

Your Task Force on Welfare Management is pleased to submit a report on public welfare social services in this State, entitled Social Services in New Jersey.

In our preparation of this report, we found that the comprehensive program of social services ostensibly rendered to all welfare recipients has little discernible effect on the client population. Since 1956, many millions of federal, state, and county dollars have been allocated to support services intended to assist clients in attaining strengthened family life, greater opportunity for self-support, increased capability for self-care, and increased potential for rehabilitation. In reality, most of these funds have been used to support casework staff engaging almost exclusively in functions related to the disbursement of cash assistance. Social services provided by caseworkers to recipients go little beyond the required paperwork. Whatever service-related activity they do engage in is generally ineffective and has little positive impact on the client.

We believe that a complete reorganization of social services in New Jersey will be necessary to remedy the deficiencies which we have found. We advance two groups of recommendations in the report.

how determined?

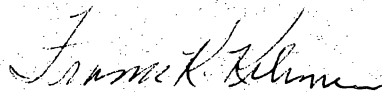


The first group entails immediate changes to improve the delivery of services by County Welfare Boards. These would include the redefinition of services in specific and tangible terms, institution of new case control and reporting systems to increase accountability in the delivery of services, organization of specialized service staffs, and development of new resources to provide services.

The second group advocates a reorganization of the cash assistance and social service functions at the state level. To improve the delivery of social services, the State should: (1) assume the administration of social services, (2) create a separate division in the Department of Institutions and Agencies to administer cash assistance, (3) establish two new divisions within the Department to administer social services, (4) open state operated local multi-service centers, and (5) designate regional service areas to coordinate the delivery of services at the local level. We believe that such a reorganization would provide a strong foundation for the delivery of meaningful services in local communities as well as rationalize and improve administration at the State level.

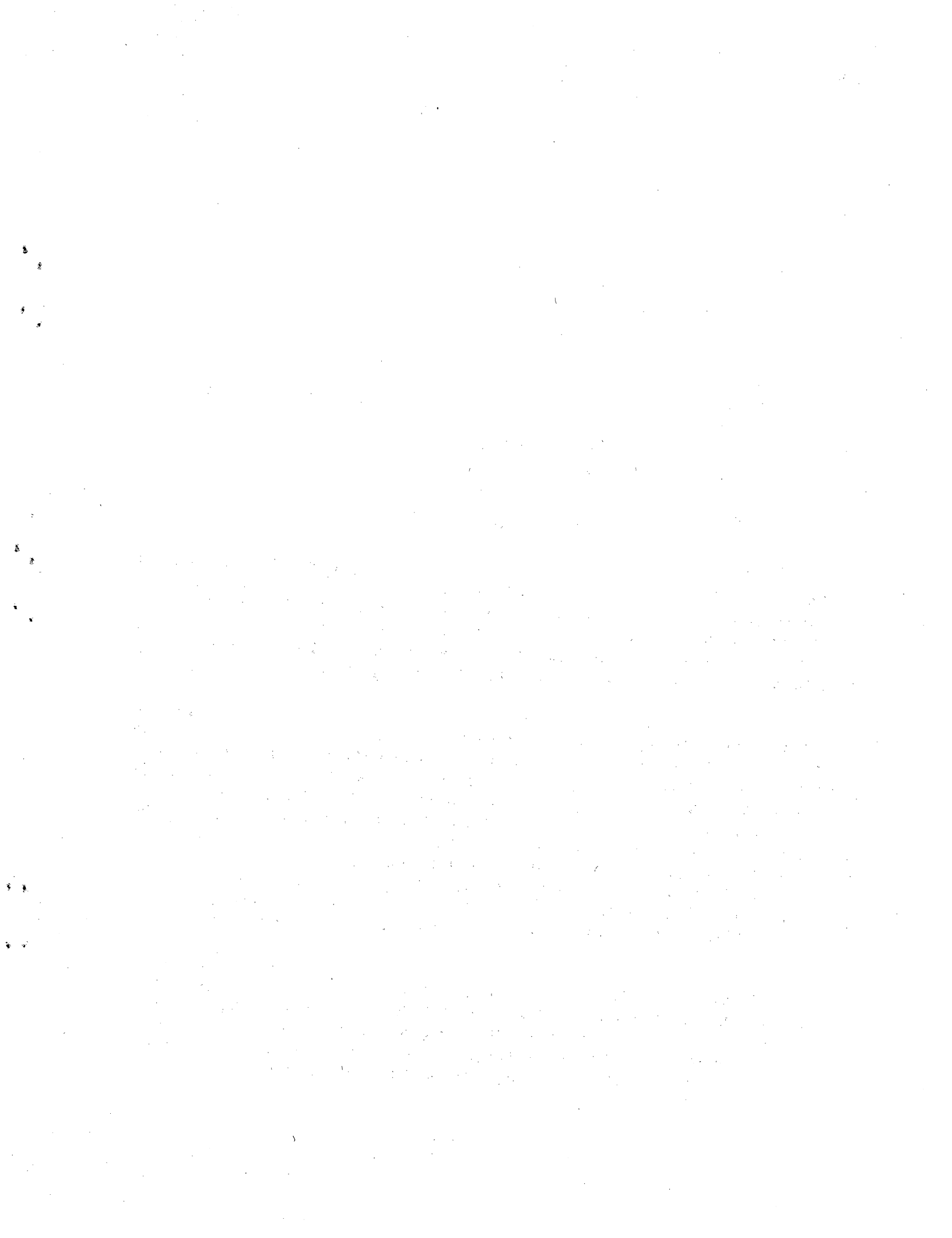
For the foreseeable future, New Jersey will continue to receive substantial federal support for social services. The federal framework, provided under the Social Security Act, could result in the provision of meaningful services for our citizens. Since a sound and coherent program of social services is essential for this State, we strongly urge you to implement the recommendations set forth in this report.

Respectfully yours,



Frank K. Kelemen

FKK:mcb



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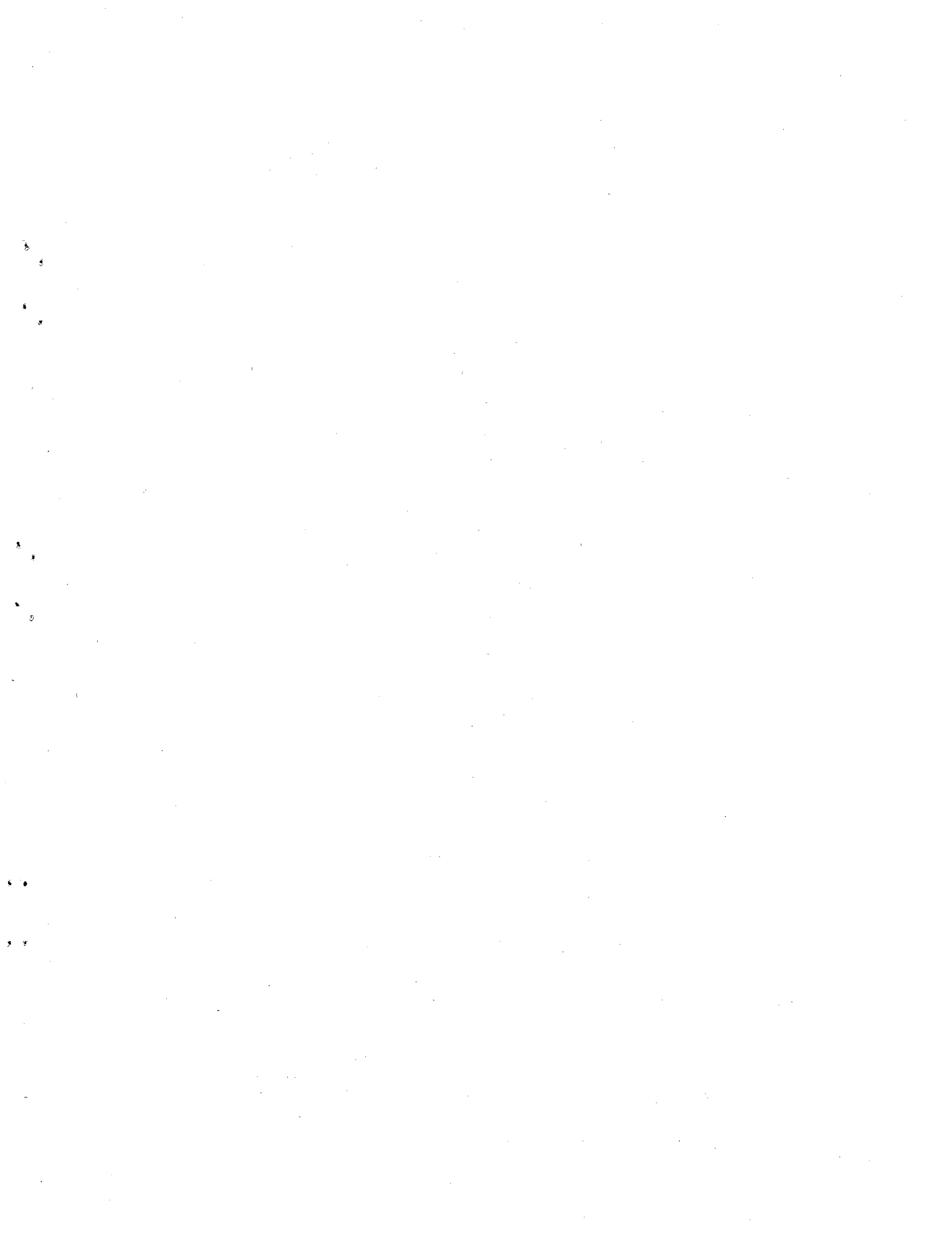
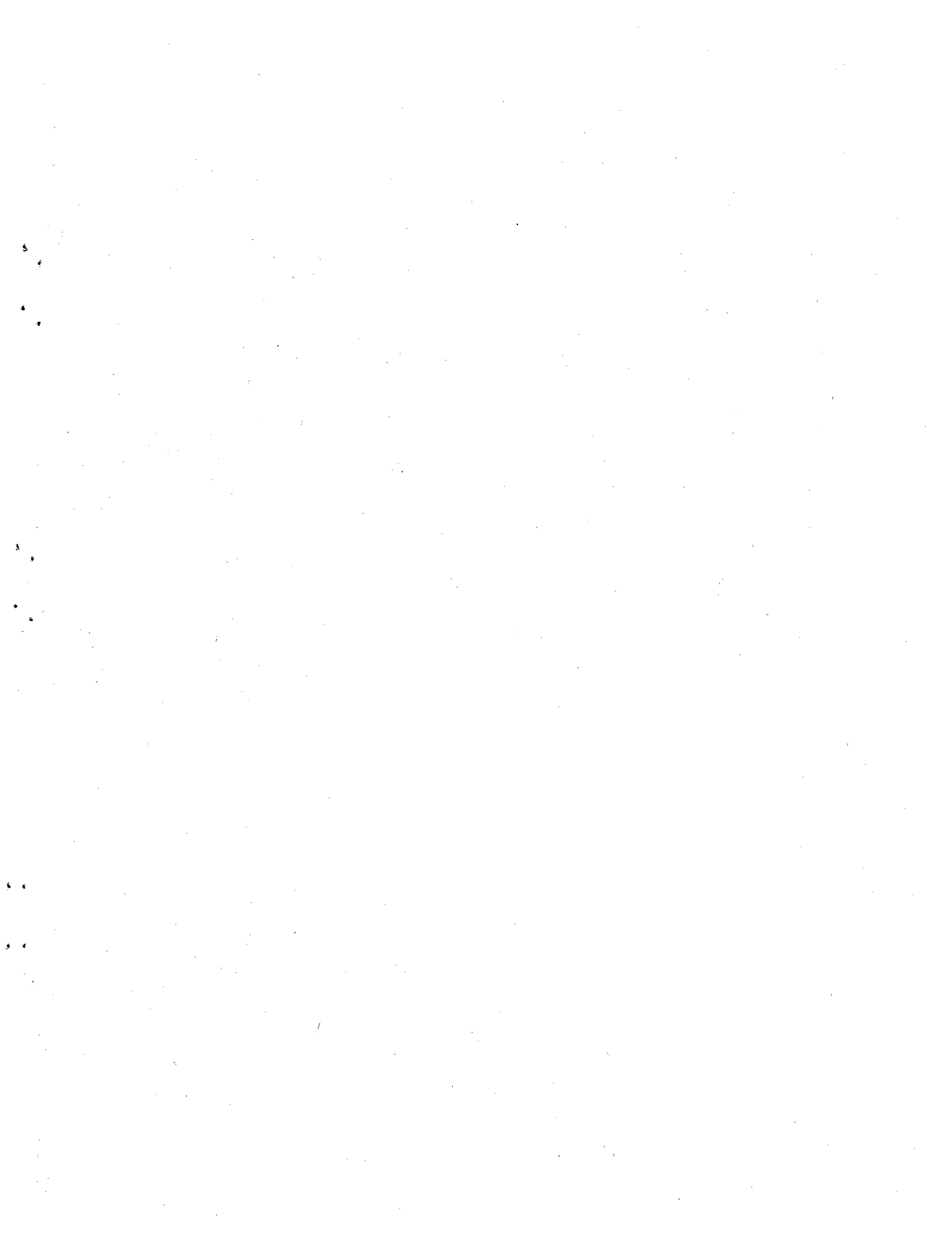


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SUMMARY

This report of the Governor's Task Force on Welfare Management assesses the delivery of public welfare social services in New Jersey and concludes that the comprehensive program of social services ostensibly provided to all welfare recipients has little discernible impact on clients. The report proposes two groups of major changes in the present system of social services. First, several changes should be initiated immediately by County Welfare Boards, with active guidance and support from the State Division of Public Welfare. Second, a major reorganization of welfare at the State level should be undertaken, in order to lay the foundation for viable and effective programs of both cash assistance and social services.

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I. Social Services in New Jersey

The 1956 amendments to the Social Security Act grafted onto the cash assistance function of public welfare programs an entirely new function: the (provision of social services) to individuals and families receiving public assistance. Such services are intended to achieve the goals set forth in the amendments to the Social Security Act: to assist clients in attaining strengthened family life, greater opportunity for self support, increased capability for self-care, and increased potential for rehabilitation.

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The social services amendments have been collectively implemented in New Jersey according to a model in which a single caseworker is responsible for delivering all services -- as well as money payments -- to a given group

of clients. In theory, the caseworker professionally diagnoses his clients' family problems; develops a systematic plan for overcoming the problems of every member of the family; offers many direct services (primarily skilled counseling) to the family; and arranges for other services which are unavailable within the welfare agency but can be obtained from outside community resources.

In practice, the provision of a comprehensive range of social services to clients envisioned in the Social Security Act is little more than a paper operation. Caseworkers spend only a small fraction of their time providing services. Whatever services they do provide are rarely effective and have little demonstrable impact on clients. The provision of social services by caseworkers is usually limited to occasional brief visits to the homes of clients and completion of a variety of required forms.

Many shortcomings of social services in New Jersey can be traced to operational deficiencies in implementing the concepts outlined in the Division of Public Welfare's Manual of Administration. In theory, county welfare offices should be staffed with well-trained professional social workers (defined as persons with Master in Social Work degrees) functioning with small caseloads. However, the overwhelming majority of caseworkers in New Jersey consists of college graduates holding only baccalaureate degrees. The training given to new caseworkers does little to offset their inadequate formal academic preparation. Deficiencies in staffing are exacerbated by large caseloads and excessive rates of personnel turnover.

Although operational shortcomings in the present system are important, a more fundamental reason for the ineffectiveness of social services is the (lack of validity of the casework model itself.) Several studies question the value of indiscriminately offered counseling by (generally) middle-class professional caseworkers, for lower-income individuals whose problems stem from economic and social conditions beyond the control of either party in the relationship.

* II. Obstacles to Effective Service Delivery

The Task Force concludes from the evidence that social services offered through the public welfare system are not attaining their legislatively mandated goals and do not have a significant impact on the lives of recipients. The report cites the following problems as the most crucial: 1) Social services are very loosely defined; 2) Caseworkers spend too little time on services; 3) Much service activity is meaningless and wasteful; 4) Services are inflexible; 5) Services offered through welfare tend to be vague rather than specific; 6) Services are not provided by a specialized staff; 7) Services are fragmented in their impact; 8) Many services ostensibly offered through welfare overlap those of other agencies; 9) The present service delivery system lacks accountability; 10) Client participation in services is limited; 11) Services can be paternalistic in their impact on clients.

III. Recommendations

The Task Force believes that a strong and coherent system of social

services is vital for the citizens of New Jersey. In order to build an administrative structure which can remedy the grave deficiencies in the present social services non-system in New Jersey, (a thorough recasting of the State's organization for both cash assistance and social services is essential) The Task Force therefore proposes two groups of major changes in the present system.

1) Immediate Changes Within the Present Structure Pending reorganization at the State level, a number of steps should be taken immediately in order to improve the delivery of social services by County Welfare Boards. These steps require support by the State Division of Public Welfare to provide a framework for County action. These steps also require new initiatives by the counties to make possible meaningful services for their clients.

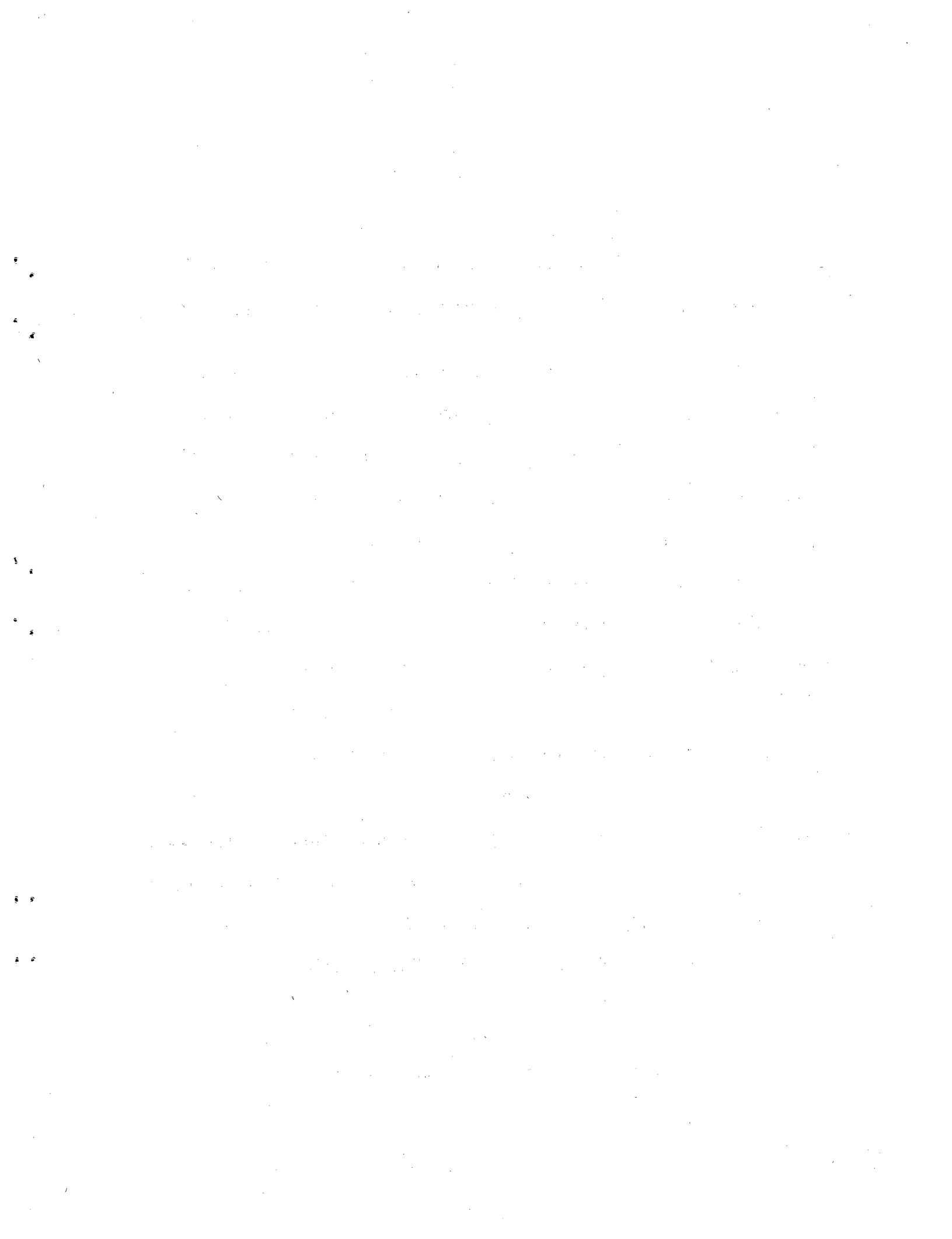
- (i) There should be an immediate redefinition of social services in the Manual of Administration, which should be in specific and tangible terms [p. 64];
- (ii) New case control and service reporting systems should be developed to monitor the delivery of services and to ensure that needed services are actually provided [p. 65];
- (iii) There should be specialization of staff functions in the delivery of social services [p. 65];
- (iv) An active program of service development, through the purchase of services from other agencies, should be initiated [p. 66];

- (v) Services should be made voluntary to the maximum extent feasible under the law [p. 67]. ?

2) A New Organization for Social Services in New Jersey The Task Force concludes that the long-term delivery of social services in this State will be substantially improved only if there is a major reorganization of the cash assistance and social service functions on the State level. Specifically, the following fundamental changes are proposed:

- (i) Responsibility for administering social services should be assumed by the State [p. 68];
- (ii) Cash assistance functions should be lodged in a separate Division rather than remaining in the same agency with social services [p. 70];
- (iii) The Department of Institutions and Agencies should be reorganized to reflect its new role in the delivery of social services [p. 74];
- (iv) State-operated local multi-service centers should be established to make services accessible to the public [p. 79];
- (v) Regional service areas should be established to coordinate delivery of services at the local level [p. 80].

The Task Force believes that the changes recommended for the State level will provide the basis for the delivery of meaningful social services in local communities.



INTRODUCTION

It has come as an unpleasant shock to the members of this Task Force to find that the comprehensive program of social services ostensibly provided to all welfare recipients has little discernible impact on the client population.

Since 1956, the legislative framework of the federally-supported public welfare system has provided for a wide range of social services as well as cash assistance. Such services are intended to achieve the goals set forth in the amendments to the Social Security Act: to assist clients in attaining strengthened family life, greater opportunity for self support, increased capability for self-care, and increased potential for rehabilitation. State and local expenditures for social services for welfare recipients are matched at the 75% rate by the federal government under an open-ended funding arrangement.

This Task Force has found that the (provision of a comprehensive range of social services to clients envisioned in the Social Security legislation goes little beyond the required paperwork.) Caseworkers spend only a small proportion of their time engaging in service-related activities. Whatever service-related activity they do engage in is generally ineffectual and has little consistent } impact on the client. Social service activity on the part of caseworkers consists of little more than infrequent and brief visits to the homes of clients and completion of mandatory reporting forms on the delivery of social services.

Nothing short of a complete restructuring of the social services system

in New Jersey will remedy the deficiencies found by this Task Force. Although certain positive steps can be taken within the existing county structure, a fundamental prerequisite for the effective delivery of social services is the transfer of administrative responsibility for welfare from the counties to the State. Such a transfer is a necessary -- though not sufficient -- condition for the creation of a comprehensive, integrated program of social services for the State.

The design of a new social service system for New Jersey is a difficult task, since there are no successful models and few established precedents to guide us. Social services in other states apparently suffer from many of the same deficiencies as we have found in New Jersey. Although the federal government recognizes the defects in the present system, it has not yet been able to develop a sound alternative to guide reorganization efforts of the states. This makes the specification of a workable system more complex than it otherwise might be. But it offers to New Jersey the opportunity to develop a system which will better serve the needs of its own citizens while it serves as a model for other states.

We urge New Jersey to seize this opportunity. To this end, we have formulated recommendations and outlined a new form of organization which we believe will provide the basis for a meaningful program of essential social services. We recognize that other alternatives exist which might achieve that goal. We also recognize that much work remains to be done in filling

in the details of our recommendations. But, in view of the grave deficiencies of the present system, and the opportunities offered by the changing federal criteria, we believe immediate action is essential to initiate steps to create a new delivery system of accessible, tangible, effective services for New Jersey. The needs of our citizens are too critical for us to do otherwise.

EVOLUTION OF SOCIAL SERVICES

Public welfare programs today make provision for a wide range of social services for individuals and families as well as cash assistance to the needy. But the building of a legislative framework for comprehensive social services is a relatively recent step in the evolution of public welfare programs in this country. Only in the last fifteen years has the Social Security Act been amended to provide the statutory and financial support for social services to supplement cash assistance. In the last eight years, however, the original social security amendments have been broadened to provide even greater federal financial support for a wider range of social services. Such services can now be offered to former and potential -- in addition to current -- welfare recipients by arrangement with other public and non-profit private agencies as well as through local welfare agency staff.

When the Social Security Act was passed in 1935, it made provision for cash assistance to the needy in three categories: Old Age Assistance (OAA), Aid to the Blind (AB), and Aid to Dependent Children (ADC).¹ The (categorical assistance programs authorized by the Social Security Act were

* seen as stopgap measures, which would gradually "wither away" as the new

1. "Aid to Dependent Children" (A DC) was renamed "Aid to Families with Dependent Children" (AFDC) in 1962.

social insurance schemes extended their coverage in those areas.)

For twenty years, these programs continued to be viewed as mechanisms to distribute temporary financial aid rather than provide services. By the middle fifties, Old Age Assistance and Aid to the Blind had stabilized because social security assumed an increasing burden of coverage. Contrary to the expectations of the architects of the Social Security Act, however, the Aid to Dependent Children category was expanding rapidly. In the meantime, another category of coverage, Disability Assistance (DA), had been added to the Social Security Act in 1950. Alarmed by the rising cost of assistance, political leaders in the 1950's began to discuss welfare in such terms as "permanent dependency" and expressed the fear that the country was developing a class of people for whom welfare was a "way of life."

In this context, the 1956 Amendments to the Social Security Act grafted onto the cash assistance function of the categorical programs an entirely new function: (the provision of social services to individuals and families receiving public assistance.) This new conception of public welfare was reflected in the following declaration in the amended preamble of the Act:

It is the purpose of this title . . . to promote the well-being of the nation by encouraging the States to place greater emphasis on helping to strengthen family life and helping needy families and individuals attain the maximum economic and personal independence of which they are capable.

Federal money was made available to support this purpose. States providing social services to recipients in accordance with the goals set forth in the statute were reimbursed by the federal government for 50% of their expenditures. But

the 1956 Amendments actually provided little more than a basic foundation for social services. (The federal government neither defined nor prescribed specific services which it required the States to render.)

For the rest of the decade the welfare rolls continued to increase. By 1962 President Kennedy recognized a growing welfare crisis. Rejecting arbitrary freezes or cutbacks in the categorical programs, he advocated an (expansion in the social service approach to the problems of welfare dependency.) Stressing the concept of rehabilitation, the President's Welfare Message spoke optimistically about the power of social services:

... Communities which have tried the rehabilitative road -- the road I have recommended today -- have demonstrated what can be done with creative, thoughtfully conceived and properly managed programs of prevention and social rehabilitation; in those communities, families have been restored to self-reliance, and relief rolls have been reduced.²

Congress accepted the basic approach proposed by the President even though Secretary Ribicoff could cite only four small pilot projects in support of the generous claims made on behalf of the efficacy of social services.

(The 1962 amendments to the Social Security Act required the states to offer a program of specified social services to recipients of categorical assistance.)

As an added inducement, the federal share in such service expenditures was raised from 50% to 75%. Congress authorized the Secretary of Health,

2. Welfare Message of the President, 1962.

Education and Welfare to promulgate a list of services which States would be required to provide to welfare recipients. Further, the 75% matching rates were extended to welfare agency staff development and training as well as to optional services specified by the Secretary.

The objectives of the social service program embodied in the 1962 amendments were stated in broad terms:

- 1) Strengthening family life -- maintaining and increasing the ability of parents and children to assume the responsibilities inherent in their respective familial roles.
- 2) Self-support -- assisting individuals to develop their capacities to provide an adequate income for themselves and their families.
- 3) Self-care -- maintaining and developing the ability of recipients to meet the demands of every-day life without continuing help from others.
- 4) Rehabilitation -- enabling individuals to overcome personal and social handicaps, as well as mental and physical disabilities which are obstacles to normal functioning at home and on the job.

The means of attaining those objectives were "defined services," provided almost exclusively through the casework staff of local welfare agencies. These services placed a heavy emphasis on skilled counseling. Caseworkers were instructed to diagnose client problems skillfully through an intensive "social study" and to develop a detailed service plan designed to assist the client in attaining service goals. In explaining this casework strategy to Congress, Secretary Ribicoff manifested a glowing faith in the capability of social work to correct complex social problems. Stressing the benefits of

skilled social work, he stated:

Most of the families on welfare rolls are unaware of ways to help themselves. But a skillful social worker, devoting his or her time to helping them break whatever chains bind them to their lives of poverty and dependency, can identify the problems ... The interest and knowledge of a welfare worker can lead [them] out of apathy, despair, and worsening problems to a new life of order and hope.³

Operationally, this concept was implemented by requiring state agencies to reduce caseloads to a standard not to exceed 60 AFDC cases or 110 adult cases. New caseworkers were also required to have baccalaureate degrees, although no major field of study was specified.

During the five years following passage of the 1962 Social Security Act amendments, Congress witnessed more sharp increases in the welfare rolls, despite the promises made on behalf of social services in 1962. Considering new welfare legislation in 1967, the House Ways and Means Committee was angered by the failure of the states to implement the earlier social service amendments with sufficient vigor and effectiveness. Clearly conceiving the primary purpose of social services as the restoration of financial independence to welfare recipients, the Committee proposed -- and Congress enacted -- a package of measures intended to retard the rapid growth of the rolls. First, Congress legislated a freeze on the number of AFDC recipients on the rolls, keeping the number of children on the rolls due to illegitimacy and desertion a constant proportion of the total population.⁴ Second, the

3. Committee on Finance, U. S. Senate, Hearings on the Public Assistance Act of 1962.

4. The freeze was rescinded in July 1969 just before it was to go into effect.

Congress required states to establish Work Incentive (WIN) Programs ² for all employable recipients. WIN Programs would require recipients to register for employment and accept either jobs or training offered by State Employment Services. Provision was also made for the expansion of complementary services, such as day care and employment counseling. Third, Congress stiffened requirements for local welfare agencies to obtain support from deserting fathers of AFDC children. The illegitimacy rate was also to be combatted through mandatory counseling of unwed mothers.

The primary impact of the 1967 amendments on social services was to increase substantially those social services which were intended to have a direct negative impact on the rolls. A significant shift in emphasis -- (from a casework strategy to an employment strategy) -- characterized Congress' new attempts to limit the rolls. Day care and manpower services as well as the stringent work requirements were designed to return large numbers of recipients to the world of work, limiting the growth of the welfare rolls. Along with these services, (the 1967 legislation mandated that family planning services be offered, as well as foster care services, and other services to meet particular family needs) (The Appendix contains a detailed listing of mandatory and optional services specified in regulations pursuant to the 1967 Amendments.)

Other changes were made in the social service programs as well. First, states were given the option of extending the full range of social services to

(former and potential) in addition to current, recipients of welfare. Defining "potential" broadly, HEW has in effect made possible the extension of the availability of federally-matched social services to the entire poor or nearly poor population. However, few states have utilized this provision to finance social services for non-recipients. Second, the federal government encouraged local and state welfare agencies to purchase needed services from other public and non-profit private organizations. These two changes implied a shift in the intended function of welfare agencies, (from direct provision of counseling services, toward funding and coordination of specific social services for the entire low-income population)

The change in emphasis of the 1967 legislation was predated on the administrative level by a reorganization of HEW which reinforced the statutory shift toward specific and tangible services intended to reduce dependency. Anticipating Congressional concern over the effectiveness of social services in the public welfare programs, [HEW Secretary John Gardner consolidated the Welfare Administration, Vocational Rehabilitation Administration, Medical Services Administration, and Administration on Aging into a single agency: (The Social and Rehabilitation Service) The Children's Bureau and other related functions were brought into SRS as well.] Within the new agency, child welfare services and public welfare social services were lodged in a single Community Services Administration. Responsibility for cash assistance functions was separated from the services functions through placement in a new Assistance

Payments Administration. Mary Switzer, former director of the Vocational Rehabilitation Administration, and a leading advocate of the rehabilitation model of social service delivery, became the new Administrator of the Social and Rehabilitation Service.

Even though New Jersey has not yet fully implemented the 1967 legislation, further drastic changes in social services have been proposed in Washington as part of the pending federal welfare reform legislation. To complement its Family Assistance Plan, the Administration has proposed a major redirection of social services funded under the Social Security Act. A series of amendments proposed to the Senate Finance Committee in June 1970 would enact a new Title XX of the Social Security Act. The new title would consolidate all social services previously funded under the public welfare titles into a new services program, called "individual and family services." Such services are defined to include the full range of family and child welfare services, services in support of manpower training and employment programs, foster care and adoption services, self-care and protective services for aged, blind, and disabled adults, and temporary emergency assistance (both cash and emergency services). *Proposal*

In order to participate in the federally-assisted program, the Governor of each state must divide his entire state into service areas. He must then designate a "prime sponsor" to administer the service program in each service area. This prime sponsor may be either a state agency or a local government

unit, but any agency or sponsor designated must be separate from the agency providing cash assistance. Any city with a population of 250,000 may exercise a "self designation" option under which the chief elected official may choose to designate that city as a service area and assign a local prime sponsor of his choice to administer the program. Assurances must be provided by the prime sponsor(s) as to specified levels of activity and levels of performance against which achievement can be mentioned.

This program of individual and family services would be made (available without charge to all persons below the poverty line) not just recipients of public assistance payments. (It is noteworthy that some New Jersey recipients would be ineligible for free services because their welfare grants raise them above the poverty level.) The services could also be made { available on ability-to-pay basis to those persons above the poverty line, but no more than 10% of total service expenditures could be utilized for that purpose.

A separate Government Assistance Program would be established to provide aid to Governors and local chief executives "to strengthen the capacity of their offices to plan, manage, and evaluate health, education and welfare programs on an effectively coordinated basis." The Governor of each state would be authorized to submit a single consolidated plan including his program of individual and family services and any one or more of his state's federally-aided health, education, and welfare programs

(excluding Medicaid and public assistance.) Under such a consolidated plan, the Governor would be permitted to transfer among programs up to 20 percent of the federal assistance available for one such program.

The changes proposed by the Administration's amendments to the welfare reform legislation (H.R. 16311) would advance several trends in the development of social services: Services would be expanded to the non-welfare population; social services would be administered by agencies other than those administering cash assistance; employment-related services would be given special attention; and accountability for specific results would be emphasized. Although the original title XX proposal was withdrawn, and the final form of these proposals as they may be enacted is not certain, it is likely that many of the basic provisions outlined above will eventually be incorporated into Federal law.

SOCIAL SERVICES IN NEW JERSEY

Social Services in New Jersey I: Theory

The social services amendments have been collectively implemented in New Jersey according to a model in which a single caseworker is responsible for delivering all of the services -- as well as money payments -- to a given group of clients.* In theory, the caseworker becomes familiar with the needs of his families. He professionally diagnoses their problems, whether these problems are overtly expressed by the client or must be interpreted by analysis of the client's explanations and behavior. The caseworker develops a systematic plan for overcoming the problems of every member of the family. He offers many direct services (primarily skilled counseling) to the family and he arranges for other services which are unavailable within the welfare agency but can be obtained from outside community resources.

Whenever a client's application for financial assistance is approved, the client is assigned to a caseworker who is responsible for validating eligibility, making money payments, and providing all social services. In order to ensure that the client receives adequate attention, the federal government sets standards limiting every local office's client/caseworker ratio to 60 for AFDC cases and 110 for adult cases (OAA, AB, DA). For the overwhelming majority of cases requiring "defined services," routine home visits are required by the federal government at least every three months, although

* As of July 1, 1970, counties formally created separate staff units for the administration of cash assistance and social services. As discussed below, however, the impact of this formal change on actual practice is questionable.

more frequent visits are required in cases needing more attention.

According to this model, a caseworker visits the client in his home soon after he is added to the rolls in order to make a "social study" of every member of the family. According to New Jersey Division of Public Welfare's Manual of Administration, the purpose of the social study "is to determine the nature of the client's problem, to identify service needs, and to formulate a plan of treatment designed to enable the client to work towards the resolution of his problem." [2807.1] The Manual assumes little probability that the client's "problem" is limited to the need for money. Rather, the need for money is taken as a symptom of other serious problems experienced by the client. Thus, the social study goes far beyond an assessment of the needs of the client for concrete services such as medical care and better housing (although such needs are included). It takes the form (according to the Manual) of a deep and thorough probe of the behavior and circumstances of each member of the family.

Sources of information for the social study are intended to be wide-ranging and are not limited to the client and his immediate family. They are supposed to include "direct observation by the worker of the home and of the children; discussion with parents related to the age and stage of development of each child and his particular needs; and discussion with relatives or others in the community who properly have knowledge and concern as to conditions in the home and the well-being of the children." [2807.4 (d)]

It should be emphasized that the social study is made of every client who receives financial aid and every member of his family; the client must fully cooperate in assisting the caseworker in its preparation. From the social study, the caseworker develops a "service plan." If any of the "defined services" listed in the Manual of Administration are needed, the family becomes a "defined service case." In order to check on progress toward accomplishing the service plan, the caseworker must visit the family at least once every three months.

According to this social service model, the client participates actively in the preparation of the service plan, and he has the right to accept or reject services. However, the caseworker must beware of false rejections based only on past bitter experience and should instill confidence and trust in the client so that he will accept the plan. On this point, the Manual says:

The client's right to accept or reject services - services aimed at helping the individual and family presuppose the client's interest and desire for help with his problems. Under ordinary circumstances the people have an inner urge to better themselves within the limits of their capacities, and are responsive to such offers of help. However, there are people who have had long and painful experience with repeated disappointments in life and who are fearful of exposing themselves to further failure. Such persons may at first reject agency help despite their obvious need. In such situations, the understanding and skill of the caseworker and the trust and confidence he generates will be major factors in the client's final decision. [2804 Attachment A, page 2]

The full scope of "defined services," which are to be offered to all clients, is wide. The Manual lists fifty-one defined services for AFDC

clients and twenty-three defined services for adult clients which "each county welfare board is responsible for making available to applicants and recipients, in accordance with their needs and problems ..." [2805.1]

Defined services in the AFDC program are given in eight categories: Services for 1) unmarried parents and their children, 2) families disrupted by desertion or impending desertion, 3) families with adults or older youth with potentials for self-support, 4) children in need of protection, 5) children with special problems, 6) families with serious problems in family functioning, 7) families with problems in money management, and 8) families disrupted by absence of parent for reasons other than desertion. Adult program services are given in five categories: Services for 1) aged and disabled individuals in need of protection, 2) aged and disabled individuals requiring services to remain in or return to their own homes or communities, 3) blind and other disabled individuals with potentials for self-support in whole or in part, 4) adults with potentials for self-care, and 5) adults who are isolated or estranged from a family.

It is difficult to categorize and to describe accurately available defined services because of the manner in which they are organized in the Manual. However, a rough classification of the services in the AFDC program indicates a breakdown along these lines:

1) Twenty of the fifty-one defined services are referral and enabling services which are intended to facilitate use of outside community resources by the client. Examples: "Securing needed medical services"; "referral to

WIN program"; "securing legal advice regarding problems affecting the rights of the mother and child."

2) Six of the services are interventions with relatives to obtain financial support or to reconcile a broken marriage. Examples: "Counseling [putative] father"; "obtaining support from the absent parent."

3) Four of the services are interventions to alter behavior. Examples: "stimulating and supporting cooperative effort among family members in improving family life," "preventing immature, compulsive or unwise spending."

4) Three of the services are protective. Example: "using protective devices, as appropriate, for families with impaired capacity for money management due to physical or mental conditions."

5) Four of the services are counseling of the client with regard to various family problems. Example: "providing help with family budgeting and purchasing."

6) The remaining fourteen services are unclassifiable because they are stated in terms of objectives to be attained rather than services to be provided. Most would probably have a strong counseling component, but they could include many other types of services as well. Examples: "improving environmental conditions seriously contributing to illegitimacy," "relieving the multi-burdens resulting from employment"; "dealing with stresses conducive to desertion."

The model for service delivery in the public welfare programs in New

Jersey which is detailed in the Manual of Administration centers on the caseworker. He is responsible for assessing the problems of clients on his caseload, laying out service plans to cope with those problems, and delivering a comprehensive range of services through the welfare agency and other community resources. The defined services are diverse in their means of delivery, but they all have four primary objectives: stronger family life, greater self-support, increased self-care, and rehabilitation. Clients are supposed to participate actively in the development of their service plans. Progressive improvement in the clients' situations are intended to take place, with restoration of economic independence one of the primary goals.

Social Services in New Jersey II: Practice

In practice, the provision of a comprehensive range of social services to clients envisioned in the Manual of Administration is little more than a paper operation. Caseworkers spend only a small fraction of their time providing services. Whatever services they do provide are rarely effective and have little demonstrable impact on clients. Notable exceptions to this generalization can be found in scattered special service projects in certain New Jersey counties. But the provision of social services by caseworkers is usually limited to occasional, brief visits to the homes of clients and completion of a variety of required forms. Social services are ineffective primarily because of fundamental weaknesses in the casework model upon which they are based. A secondary cause of ineffective social services is operational problems in the implementation of that model, such as inadequate staff training, large caseloads, and rapid staff turnover.

X
Cause of breakdown
X

Evidence for these conclusions comes from our own survey of AFDC recipients in New Jersey as well as the results of surveys in other states. Additional corroboration comes from our many conversations with administrators, caseworkers, and recipients. Because of the subjective, ill-defined, and intangible nature of many of the services, their impact is quite difficult to measure in any objective manner. Based upon the evidence we have accumulated, however, the conclusion is inescapable that the "comprehensive program of defined social services" described in detail in the Manual does not exist.

What is this evidence??

Here and there useful social services are offered with an important effect on the lives of clients. But they are rare. Many times effective services are provided in spite of the welfare system rather than because of it.

Most caseworkers estimate that well over 90% of their time is spent performing eligibility-related functions. They conceive of their primary responsibility as the disbursement of money to recipients. Caseworkers must concentrate on determining eligibility, getting the checks out, re-validating eligibility, and dealing with special requests for funds. As a result, provision of social services is erratic and relatively infrequent.

Caseworkers say that the social study is largely pro forma. It is merely one of many forms to be completed, as rapidly as possible. Many caseworkers develop a sort of standard social study which varies only in minor details from case to case. There is usually a home visit made before the social study is completed, but the caseworkers occasionally complete them without a home visit when they are behind in their work and must rapidly complete a number of studies.

Since the social study is completed mainly to satisfy federal and State requirements, the resultant "service plan" bears little relationship to the expected course of action of the caseworker and his client. The service plan is more a hopeful statement of what will happen than an accurate and systematic plan of joint action.

The provision of social services is generally limited to the routine home

visit unless the client calls the caseworker to inform him of an emergency situation. The routine home visit is legally supposed to take place every three months at the minimum in AFDC "defined problem" cases but actually occurs less frequently in many instances. The home visit is usually not especially lengthy. An AFDC interview survey conducted by the Task Force asked 477 respondents to estimate the normal length of home visits by the caseworker. About 75% estimated a normal length between 10 and 30 minutes.

Much of the home visit is spent reviewing the eligibility of the client. There is also some general conversation which can be classified as "counseling" if the term is interpreted broadly enough. There may be a referral to the WIN program or to the food stamp program or to other programs available through the welfare agency. Less frequently a client is referred to a family planning clinic or the Rehabilitation Commission or some other community agency, but caseworkers are usually not well-informed about the availability of such services.

Sometimes the policy of county welfare agencies actually interferes with the provision of needed services. In at least one large urban county in New Jersey, for example, one of the most pressing needs is transportation of clients to a hospital when they are ill, transportation to the welfare office, etc. Many caseworkers would willingly transport their clients in their own cars in cases of serious need, but they are prevented from doing so by a strictly enforced agency policy prohibiting such a practice (insurance reasons

are cited). A few caseworkers transport their clients anyway, even at the risk of losing their jobs.

Reports on the actual provision of services to families are also completed primarily to satisfy federal and State requirements. The form is usually completed in such a way that the value and importance of the services are greatly exaggerated. Thus, a brief conversation with a teenage child encouraging him to do well in school might be recorded as an 'x' in the box next to the category of "Securing and assisting in use of educational opportunities." Or, a brief inquiry into whether the mother has heard from her deserted husband could merit an 'x' in the box next to "Maintaining ties or encouraging reconciliation."

On its own merits, this account of the social service program in public welfare categories would raise serious doubts about the effectiveness of services in attaining their legislatively stated goals. There are several published studies, however, which cast further doubt on the impact of services on the lives of recipients. Through survey research, the studies attempt to measure the effectiveness of social services. Although the conclusions of studies done in other states cannot be extended to New Jersey with complete confidence, the basic model for the delivery of services in those states is the same as in New Jersey. All the states rely on the individual caseworker to provide a comprehensive range of services to about the same number of families.

One study was made by Social Psychiatry Research Associates under

contract to the California Assembly. Entitled Effectiveness of Social Services to AFDC Recipients, it is published as Appendix I of California Welfare: A Legislative Program for Reform.⁵ The study consisted of intensive interviews of a sample of 158 matched pairs of caseworkers and clients from San Francisco and Los Angeles. The caseworkers and their clients were asked identical questions about services which had been given during the month of June 1968.

The key finding of the study was that caseworkers and their clients viewed identical events very differently. "There was little similarity between social worker and recipient about the nature of the problem, the type of social service that had been offered, or the helpfulness of that service." [p. 15] Interviewers asked both clients and caseworkers to list the problems which had been discussed. Never did the percentage of agreement between the two even reach 50%. Fifteen percent of the recipients did not feel they had discussed any problems with the social worker. In 43% of the reported sessions, the social worker and the recipient did not agree that they had discussed a similar problem. According to the study: "The highest amount of agreement between the pairs occurred when the problem under discussion was money, illness, or housing. Personal emotional or behavioral problems had very low levels of consensus between workers and clients." [p. 17]

Other findings of the report related to the success of the services in

5. A staff report to the Assembly Committee on Social Welfare, California Legislature (Sacramento: February 1969).

terms of the criterion of whether the clients felt that they had been "helped" with a problem:

Only one-third of the recipients stated that the social workers had "helped" with a problem. In contrast, the social workers thought they had helped in over one-half of the cases. [p. 19]

If recipients did not believe they had a problem, they did not feel that they received any help regardless of the social worker's view of the problem. [p. 16]

In summing up the analysis, the study reaches an even stronger conclusion:

The strong finding emerges from all these findings that social workers and recipients do not have a common view of recipients' problems, and this lack of consensus seems to forecast the failure of the effective delivery of social services to the recipients. Without a commonly-held definition of the problem by both worker and recipient, most communications seem to wither away, and little or no effect emerges from the delivery of social services. Indeed, social services are not delivered at all. [p. 20]

A study by Pomeroy, with Yahr and Podell, entitled Studies in Public Welfare: Reactions of Welfare Clients to Social Service⁶ analyzes the results of a survey of 1777 female heads of public assistance households in New York City during the fall of 1966. Analyzing "overall patterns of knowledge, receipt, and content of service" [p. vii], Pomeroy drew the following major conclusions from the study:

- 1) Knowledge of social services among recipients was not high;
- 2) Receipt of social services was low;
- 3) Services were usually general rather than specific.

6. Richard Pomeroy, in collaboration with Harold Yahr and Lawrence Podell, Studies in Public Welfare: Reactions of Welfare Clients to Social Service (New York: The CUNY Center for the Study of Urban Problems, 1968).

With regard to the last conclusion, Pomeroy evaluated a number of services with open-ended questions which were designed to clarify the content of the social services. He states:

Client recall of service was usually in general rather than specific terms. Where discussion of particular topics and problem areas with caseworkers did occur, it appeared that such exchanges were diffuse in nature (at least as recalled by the clients). Respondents reported very little effort at referral by the workers to agencies or professionals for particular needs. [p. 69]

Pomeroy adds that clients seek help independent of their caseworker's advice; a third of them reported contacts with outside agencies or professionals that were not suggested by the caseworker. He points out: "The public assistance system is not their only source of social service. The church, the school, and the hospital (among others) play a role in the provision of social services." [p. 69]

A study by Joel Handler and Ellen Jane Hollingsworth of the University of Wisconsin's Institute for Research on Poverty analyzes interviews obtained with 766 AFDC recipients in six Wisconsin counties during the summer and fall of 1967.⁷ In the interviews, respondents were asked about the major social services categories in Wisconsin: child care, health, home care, social life, and participation in special community programs.

Many more recipients (66.2%) responded favorably to the caseworker's

7. Joel F. Handler and Ellen Jane Hollingsworth, The Administration of Social Services in AFDC: The Views of Welfare Recipients (Madison: Institute for Research on Poverty, 1969).

advice on health than on home care (44.9%) or social life (21.2%). If the caseworker's counseling resulted in referral to a source of tangible services for health and child care, recipients were generally more likely to consider the service helpful and less likely to be bothered by the service, than if no tangible service was provided. In the areas of home care and social life, however, where caseworker counseling involved an attempt to alter the behavior of recipients, fewer respondents reported feeling helped and many more reported being bothered or annoyed.

Almost half of the AFDC recipients reported discussions with their caseworkers about participation in special community programs (primarily OEO programs). Over 60% of those clients actually participated in such a program, compared with only about one-third of the entire group of recipients. If caseworkers suggested joining programs, participation by clients increased markedly. The study concludes that greater efforts in this area by caseworkers would result in higher levels of activity in special community programs by welfare clients.

In evaluating the overall effectiveness of the services on the basis of the survey data, Handler and Hollingsworth distinguish between three types of social service activities:

- 1) Provision for tangible, specific things that clients want;
- 2) Specific advice or guidance disapproving or approving of specific client behavior;
- 3) General counseling, advice, and guidance.

An example of the first type of service was counseling in the area of health, advising recipients on Medicaid eligibility. Such a service was related to clear needs of the recipient and her family, and had concrete results. This type of service was most helpful to, and desired by, clients. The authors found, however, that caseworkers tended to stay away from the second kind of service, particularly when it involved disapproval. Rather, there was a tendency for caseworkers to concentrate on general advice and counseling. In this category, the authors noted that caseworkers were inclined to avoid sensitive issues and matters that could stimulate requests for tangible services; they tended to concentrate instead on such topics as "general upbringing, school and social life in general." The authors add:

What emerges from the data is that, in the main, social service activity is little more than a relatively infrequent, pleasant chat. It is somewhat supportive. It is rarely threatening but also not too meaningful in the sense of either helping poor people get things they need or in changing their lives. And it seems to bear little resemblance to the legislative goals of the Social Security Act amendments or to the descriptions in the Wisconsin State Department Manual. [pp. 43-44]

A similar gap between theory and reality in the delivery of social services was found in our survey of AFDC recipients here in New Jersey. During the month of December 1969, the heads of 477 randomly selected families receiving AFDC in six New Jersey counties were interviewed on subjects such as case-worker contact, employment history, and access to family planning information. The results of this survey indicate that contact between the clients and their caseworkers was infrequent. When discussions did take place, they centered

on broad, unspecific topics. When specific services such as job training or family planning were offered, the amount of actual assistance received by clients was small.

The typical client reported only 2.5 caseworker visits during the year, each of which lasted only slightly less than thirty minutes on the average. Forty-three percent of the clients saw more than one caseworker during the year. An average client visited the welfare office three times per year to ask for assistance.

Clients' evaluations of casework counseling were mixed. Fifty-five percent of the recipients reported that they found their discussions with their caseworkers usually or very helpful, yet 21% claimed that these talks were not at all helpful. Interestingly, more black than white respondents felt that they had received no help from caseworkers during the year, a reaction that perhaps relates to the ethnic gap between many caseworkers and their clients.

The vagueness of discussion with caseworkers was again illustrated by the fact that most conversation centered on the general upbringing of children, rather than any specific problems encountered in daily life. Fifty-seven percent of the clients reported discussions with their caseworkers about their children and 30% reported conversations about the care of their homes. Conversations about the children usually centered on general subjects; 55% reported that general upbringing was the main topic. Less than one-fourth of the recipients said they spoke to their caseworkers about the children's

health or specific job possibilities for their children. Conversations about the home centered on cleanliness and cooking, rather than the details of financial management.

Although the federal government has emphasized employment-related social services since 1967, only thirty-five percent of the women in female-headed households reported a discussion with the caseworker about job training or employment. Of that 35%, slightly more than a third reported that the caseworker had specifically offered to help get a job. Of that group, slightly less than a third reported that this helped them get a job. (Thus, about one-ninth of the persons reporting discussions about job training or employment reported that they had been helped in actually finding a job.) Similarly, 43% of the women reported that their caseworkers had offered to get them into a training program. Of those, 70% reported that they accepted the offer and slightly more than a third of those who accepted actually received training. Significantly, only 37% rated the discussions about training as very helpful or usually helpful.

While conversations about employment were relatively infrequent, caseworkers in New Jersey were even less active in offering assistance to arrange child care so that recipients could work. Only 13% of all the women reported that a caseworker had ever offered to find a place to care for their children while they worked.

Another specific service emphasized in the 1962 and 1967 amendments,

family planning, was seldom touched upon in caseworker conversations. Only 13% of female recipients said that they had been offered information by their caseworker on how to keep from getting pregnant.

One important service which caseworkers did mention relatively frequently was the availability of food stamps. Fully four-fifths of the families knew about food stamps, and over half said that their caseworker had suggested the use of food stamps to make their food budget stretch farther. There was little follow-through, however, since only 38% reported that they were actually participating in the food stamp program.

In general, recipients seemed to like their caseworkers as individuals, but could not specify how they had helped them in the past. Although a majority of recipients (65%) felt that caseworkers really cared about recipients' problems, a substantial minority (31%) distrusted the motives of social workers, claiming that "they are more interested in checking up on you than helping you." Most recipients did not feel coerced by caseworkers; only 34% reported that they felt they had to follow the caseworker's advice, and of that number an overwhelming 97% did so because they thought the advice would be good. Only a small fraction (10%) claimed that they were afraid the caseworker might be angry and change or withhold their check.

To most clients, the level of service delivery either seemed adequate or they had little hope of its improvement through increased contact with case-

workers. Sixty-five percent of the clients want to see caseworkers about as often in the future as they do now; 13% want to see them less. Only 22% of the recipients want to see caseworkers more often.

The Task Force survey, then, reveals a casework situation similar to that observed in other states. Dependent upon the caseworker, who visits his families infrequently, New Jersey's delivery of social services suffers from the inability of caseworkers to provide specific, tangible services. While clients are generally not offended by casework discussions, neither are they substantially aided through this type of counseling. In reviewing the results of the survey, we could find no direct connection between the amount, intensity, or frequency of casework and measurable indices of success in "breaking the cycle of dependency." Neither the recipients' expectations for their futures, nor the length of time -- nor proportion of their adult lifetime -- recipients had been receiving welfare was significantly affected by casework.

Operational Problems in the Present System

Many shortcomings of social services in New Jersey can be traced to deficiencies in implementing the concepts outlined in the Manual of Administration. Under the ideal casework model, local public welfare agencies should be staffed with well-trained professional social workers (defined as persons with Master in Social Work degrees) functioning with small caseloads. Actually, professional caseworkers are rare in public welfare agencies. This is so partly because of the shortage of social workers in this country and partly because social workers are not attracted to the unfavorable working conditions of public welfare agencies. The overwhelming majority of caseworkers in New Jersey consists of college graduates holding only a baccalaureate degree in fields which may or may not be related to problems encountered as a caseworker.

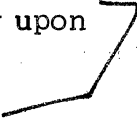
The training given to new caseworkers does little to offset their inadequate formal academic preparation. New caseworkers are supposed to be given a month to six weeks of orientation by county training supervisors or, in the case of smaller counties, by the State Division of Public Welfare. Much of the actual training has to concern itself with introduction to manuals, procedures, forms, and policies, so that only a fraction of the training is concerned with services. Also, a month of training may be an optimistic estimate because counties, which are hardpressed by personnel shortages, give new workers full caseloads even before they complete orientation.

Five large counties -- Camden, Hudson, Mercer, Middlesex, and Passaic -- have started training only in the past year.

In New Jersey, the average caseworker has had to provide services for and investigate the eligibility of no more than 60 AFDC or 110 adult cases. Even if his duties were limited to the provision of social services, the New Jersey caseworker has a caseload which is larger than is allowed in most private social welfare agencies. Caseloads often expand beyond the normal limit as caseworkers are required to handle extra cases left unattended through staffing vacancies.

Deficiencies in staffing are exacerbated by excessive rates of personnel turnover. At the end of the fiscal year 1970, there were 1709 public welfare caseworkers employed in New Jersey. Of those, 877 (51.3%) had been hired during that year. This rapid turnover means that deficient preparation and training is compounded by inexperience. It also precludes formation of the kind of stable caseworker-client relationship which is necessary in the ideal casework model for the success of social services. In our interview survey of AFDC recipients, only 53% of the respondents indicated that they had had the same caseworker for the entire year. Three percent reported having seen no caseworker for the entire period. Forty-five percent reported having had more than one (27% had two; 15% had three; 4% had four or more).

Because of these deficiencies, the "casework model" of social service delivery that Congress mandated in 1962 has never really received a fair test in New Jersey or any other large state. By 1967, however, emphasis within the federal government had shifted away from reliance upon casework counseling to employment-oriented rehabilitative services. New Jersey has complied legally with this federal shift, but it remains committed to working out its problems within the casework model. Although services required by the 1967 amendments -- such as WIN, family planning, diagnostic evaluations for employability, etc. -- have been added to the existing framework, New Jersey still relies primarily upon casework counseling even in the new separated system.



Challenging the Casework Model

Since New Jersey relies primarily upon the casework model for social service delivery, it seems reasonable to inquire into evidence that may shed some light on the potential of the casework technique. It might be supposed that the casework method needs only new funds, additional professional staff, and sounder administration to effect the changes promised by many in 1962. Evidence concerning the casework model's potential efficacy is scarce, but several studies seem to indicate that its applicability to public welfare is limited.

Two major studies have been published which attempt to measure objectively the impact of intensive casework services on the behavior of groups of individuals. The first is Henry Meyer's Girls at Vocational High, An Experiment in Social Work Intervention.⁸ In this study, two groups of delinquent high school girls were identified. One group received intensive casework therapy while a control group received none, yet no significant difference was found between the two groups in continued delinquent behavior or rates of recidivism.

In another study, sponsored by New York's State Communities Aid Association, fifty welfare families "afflicted" with a variety of financial, health, adjustment, and other problems were given intensive casework services by professional social workers working with small caseloads. Over a period of thirty-one months, improvement of the study groups was compared

8. New York: Russell Sage Foundation, 1965.

9. Gordon E. Brown, (editor), The Multi-Problem Dilemma: A Social Research Demonstration with Multi-Problem Families (Metuchen, N.J.: Scarecrow Press, 1968).

with that of a control group given routine welfare services. Progress in family functioning was measured on nine major and twenty-five minor dimensions. The major dimensions included **such** items as family relationships and family unity; individual behavior and adjustment; how the children were raised; the way money was handled; household practices; and the family's social life. Summaries of family progress were prepared, based primarily on interviews, but supplemented by records from schools, courts, the probation office, the welfare department, and other public and private agencies. The before-and-after family summaries were submitted to teams of trained judges (prominent professional social workers), acting independently, who rated each dimension of family functioning. The basic finding of the study was that the demonstration group did not improve significantly more than the control group over this period.

Naturally, the results of these two studies should not be interpreted as blanket condemnations of social casework as a technique. Indeed, there are many families -- on and off the welfare rolls -- for whom intensive casework rendered by professional personnel would be desirable and useful. But, in the absence of any evidence to the contrary, these limited results do raise questions as to the value of indiscriminately offered prolonged counseling, by (generally) middle-class professional social workers, for lower-income individuals, whose overriding individual problems stem from economic and social conditions beyond the control of either party in the

relationship. Such counseling may in fact produce valuable results which cannot be measured with empirical methods. The usual response, however, to charges that public welfare social services are superficial and ineffectual is the advocacy of smaller caseloads and intensified recruitment of professional personnel. The evidence cited above was introduced to indicate that this kind of response may not necessarily be the proper one to make.

At issue here is not just the effectiveness of various kinds of social services. Also at question is the nature of the underlying causes which lead to dependency on public welfare. On the one hand, primary reliance upon casework services as a means of restoring the economic independence of recipients implies that the root causes of dependency are emotional obstacles within individuals (or families). Emotional problems are, after all, those which casework has been designed to overcome. As one professor of social work has stated:

Early in the development of casework practice emphasis shifted from social reform to individual difficulties and personality dynamics. Some attention was paid to the press of social forces on individual and family life, but in practice these pressures were largely overlooked; emphasis became almost exclusively "the client's problem." Thus, from being a person who has a problem, the client himself became the problem and the focus of casework help was (and often is) the treatment of the person-as-problem. Emphasis moved from the social service itself, upon which the attention of some pioneers in social work was turned, to the personality of the client.¹⁰

10. Lionel C. Lane, "The Identity of the Public Social Worker, XXVII Public Welfare 4 (October 1969), p. 311.

Primary reliance on casework also implies that the need for financial assistance is only symptomatic of deeper emotional and social problems. It is likely that a higher incidence of emotional problems occurs among low-income individuals. But there is no evidence that application for public welfare is ipso facto symptomatic of emotional problems and that a social study of all new and current recipients is automatically warranted. The argument that a social study is needed because emotional problems "may" or "are likely" to exist would, if carried to its logical conclusion, require that a social study be made of all persons in the country -- including caseworkers -- because they too "may" have serious problems requiring professional help!

On the other hand, primary reliance on tangible services, such as day care and employment services, in order to restore economic independence to welfare recipients, implies that the root cause of dependency is a mismatch between the skills of individuals and the requirements of the economy. While the causes of dependency are not well understood, it is clear that the emphasis in public welfare, in the past few years, has certainly reflected a shift toward the view that the basic cause of dependency is the inadequacy of the recipient's skills for the present job market. As early as January 1967, Ellen Winston, who was then United States Commissioner of Welfare, wrote:

It has come hard to the social work profession to recognize that the skills in casework counseling which, by dint of much creative work have been perfected over the years,

have limited applicability to the massive social problems which challenge us today.¹¹

And, ^{three} ~~two~~ years ago Dr. Genevieve Carter, who was then directing the federal research efforts relating to welfare, made the following statement regarding this issue:

As more information about the participation of AFDC mothers in the labor force becomes available, researchers become more aware that the personal motivational characteristics of these mothers are less relevant than the cause and effect relationships inherent in the intervention program (that is, the job training and work setting.)¹²

The evidence we have cited throughout this section supports the conclusions of both Ellen Winston and Genevieve Carter. The evidence indicates strongly that the present program of social services offered through the public welfare system is superficial and generally ineffective. On the whole, these services have not come close to accomplishing the goals set forth in the Social Security Act or the Manual of Administration and they have had little impact on the lives of most recipients or potential recipients. In spite of serious deficiencies in the operational implementation of the present structure of services, [we believe that ineffectiveness in the delivery of services is due largely to flaws in the basic casework model rather than to operational problems.]

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11. Ellen Winston, "The Government's Role in Social Intervention," V Welfare in Review 1 (January 1967), p. 4.

12. Genevieve Carter, "The Employment Potential of AFDC Mothers," VI Welfare in Review 4 (July 1968), p. 1.

OBSTACLES TO EFFECTIVE SERVICE DELIVERY

The evidence we have cited indicates that social services offered through the public welfare system are not attaining their legislatively mandated goals and do not have a significant impact on the lives of recipients. While the various studies do not supply incontrovertible proof for that conclusion, their cumulative weight is impressive. We have concluded that the following problems are the most crucial.

1) Social services in the present system are very loosely defined.

Many services are specified in such language as "planning for the future of mother and child," "coping with problems in recent desertion," "stimulating and supporting cooperative effort among family members in improving family life," and "preventing immature, compulsive, or unwise spending." The language is so broad as to be virtually meaningless. Only the objectives of many services are defined, rather than the means by which the objectives are to be attained. The spectrum of these defined social services encompasses almost every conceivable individual and social problem of welfare clients.

Such criticisms might be dismissed as mere semantic quibbling, but the [looseness in the definition of services prevents any evaluation of the effectiveness of services and fails to make clear to poorly trained caseworkers precisely what they are supposed to do.] The caseworkers' understanding is not improved by definitions of casework in the official manual, which describe casework as activities of the agency staff directed toward achieving the stated objectives of social services.

2) Caseworkers spend too little time on services. A thirty -minute visit several times per year is not enough time to affect significantly the lives of clients. Despite the recent separation of social services from cash assistance functions, caseworkers are still burdened by excessive paper-work. They must also assist overworked eligibility personnel with their tasks.

3) Much service activity is meaningless and wasteful. The completion of social studies is a prime example of this type of activity. The social study tends to be pro forma and without relationship to the real needs of the client. Yet it must be completed for every client and every client's child in the entire caseload whether or not they are in need of services other than money payment s. Too much service activity is carried out only to satisfy the formal bureaucratic requirements whether or not they bear any relationship to the needs of the client.

4) Services are inflexible. A proliferation of forms, regulations, and funding restrictions limits the adaptability of services to the individual circumstances of clients and hinders liaison with other agencies.

* 5) Services offered through welfare tend to be vague rather than specific. The casework model emphasizes general counseling rather than tangible services. In too many instances, general counseling is inappropriately substituted for more meaningful services { Thus, caseworkers give advice about employment but rarely locate jobs for clients. They can recommend

day care for the children of working mothers, but caseworkers seldom actively develop additional day care facilities or even tabulate their recipients' day care needs. They can counsel a family about the inadequacies of its housing, but seldom help the family find better housing or persuade landlords to improve facilities.]

6) Services are not provided by a specialized staff. To offer all families on a caseload all of the defined services listed in the Manual, a good caseworker would have to be familiar with sources of medical care, day care, legal services, family planning services, housing relocation assistance, and many other community resources; would have to be qualified to offer advice on budgeting, home management, child development, nutrition; would have to be equipped to engage in intensive individual and family counseling in delicate and often explosive situations. Such competence would be difficult for any individual to attain. It is especially difficult for a welfare caseworker, who has only liberal arts baccalaureate training, to deal with a full caseload after just a few weeks of training -- at most. A staff of generalist caseworkers rarely comes across similar problems often enough to learn to deal with them rapidly and well. Moreover, the failure to develop specialized service units for broad service areas hinders the development of expertise in specific areas.

7) Services are fragmented in their impact. Compounding the problems caused by inadequate expertise is the fact that few attempts are made to

coordinate the services of welfare agencies with those of other community agencies. Caseworkers lack familiarity with other services which are available from outside organizations. [No attempt is made to develop a comprehensive program of services for an entire community.] No one is even held accountable for filling gaps in services. Hundreds of client service plans may indicate a need for more day care facilities, but there is no mechanism for tabulating that data and using it to set in motion efforts to meet those needs.

8) Many services ostensibly offered through welfare overlap those of other agencies. Welfare agencies attempt to duplicate many functions of the Bureau of Children's Services (BCS), manpower agencies, and a variety of voluntary community agencies. In some cases, welfare agency personnel try to render services which could be more effectively rendered elsewhere. In other cases, the overlapping jurisdictions cause a standoff between the agencies and the client receives no service at all. For example, BCS personnel and county welfare agency personnel complain alike that neither agency can adequately aid children who receive public assistance.

9) The present service delivery system lacks accountability. In part, evaluation of the delivery of services is made almost impossible by their intangible nature and their vague definition. Even in the present system, however, reporting procedures give no indication of which services have actually been delivered and what impact they have had on the client. No one holds workers responsible for rendering services to their clients, let alone

attaining results. Caseworkers are only required to complete forms which indicate the defined problems which have been diagnosed and the general type of services which have been provided. The service categories lend themselves to exaggeration. Little or no attempt is made to verify that a service has actually been rendered.

10) Client participation in services is limited. Clients seldom have an opportunity to review their service plan on an individual basis. Within welfare agencies, client participation in planning is almost non-existent. Insufficient use is made of paraprofessional personnel familiar with problems of low-income neighborhoods.

11) Services can be paternalistic in their impact on clients. The client can legally refuse any services, but in practice, the caseworker's perceived control over the check leaves the client feeling he has no choice but to accept. At the very least, he must submit to a probing social study of himself and his family. That study intrudes much further into personal areas than any investigation of financial eligibility. The definitions of services are so vague and their limits so broad that the caseworker has a virtual "blank check" to attempt to alter almost any behavior of the client. This type of intervention, often by young middle-class caseworkers, may actually contribute to a client's sense of dependency, rather than reducing it, because it implicitly questions his own capability to assess his needs and diagnose his problems. It certainly represents a major contributing factor to charges

of "welfare colonialism," particularly in view of the wide socioeconomic --
and often ethnic -- gap between caseworkers and clients.

ALTERNATIVE MODELS OF SOCIAL SERVICE DELIVERY

Because of the common federal framework, many states other than New Jersey have encountered parallel problems in their delivery of public welfare social services. A few of these states have undertaken extensive studies to diagnose their problems and to formulate new approaches. Studies in California, Pennsylvania, and Maine are particularly interesting because of their innovative approaches to the challenge of developing a meaningful service system. Unfortunately, none of these plans have been fully implemented even though demonstration projects are underway in Pennsylvania and Maine. But we are presenting a review of the proposals in the belief that it will be useful in the effort to develop a new services structure for New Jersey.

In addition to a brief discussion of the studies in California, Pennsylvania, and Maine, we describe in this section a new organization for social services in Monmouth County, which has been functioning with a specialized service staff within a separated social services system for more than a year.

California: Legislative Proposal for Reform

In a comprehensive study of the California welfare system, a legislative committee recommended that 1) income maintenance be separated immediately from social service functions, and 2) an entirely new statewide service delivery system be established.¹³

13. California Welfare: A Legislative Proposal for Reform, Staff Report to the Assembly Committee on Social Welfare (Sacramento: February 1969).

Under its new model, California would only provide services to a client when he requested them. Such services would not be rendered only to recipients of public assistance. Nor would service workers be required to visit every recipient. These recommendations were based on the belief that a client's recognition of his needs is an important precondition to the success of social services.

A new type of service worker, a paraprofessional "community service agent," would replace the present caseworker. This paraprofessional's primary function would be to serve as a referral agent, to establish a liaison between clients and trained service specialists. Specialists associated with the new services agency -- either directly or through purchase-of-service agreements -- would deal with client problems after referral from community service agents. However, community service agents would continue to follow the progress of their clients after referral to ensure that specialists were providing the stipulated services. In this way, community service agents would act as advocates of clients; they would utilize the authority of the State agency to request reasonable performance by service personnel.

Administratively, the implementation of a redesigned social service delivery system in California would be accomplished by merging the State Vocational Rehabilitation Agency with a statewide system of welfare-related social services, separated from income maintenance. Citing the growing emphasis within the federal Rehabilitation Services Administration upon flexible response to the needs of the "socio-economically handicapped,"

the California report notes that a consolidation of services would reflect a commonality of goals between both welfare and vocational rehabilitation services.

The report also found evidence that the financial benefits of consolidation would be substantial. Consolidating office procedures alone would be expected to yield administrative savings. Since federal funds for vocational rehabilitation come to the state through a closed-ended appropriation, the State could obtain additional money by means of consolidation. Using a common funding arrangement through the Social Security Act would increase the amount of services available while raising their cost to the state only slightly. Services extended to former, potential, or current recipients of welfare could thus be matched by the federal government at a 75% rate.

Consistent with the goal of fully utilizing federal funds for social services, the California report also suggests that the state set up an "Interdepartmental and Intergovernmental Service Fund" which would act as a financial pool designed to maximize the amount of federal money coming into all of the state's service programs. By financing local, state, and private non-profit service activities through a central pool, the state would take advantage of federal funds through purchase-of-service agreements and other techniques.*

* Since the legislative report was published, California has attracted more than \$150 million in additional social service funds under Title IV (AFDC) of the Social Security Act.

Pennsylvania: The Systems Approach

In 1968 the American Public Welfare Association (APWA) was commissioned by the state of Pennsylvania to design and operate a new service delivery system which was based on the assumption that services would be separated from income maintenance. The resultant design of the new system takes into account the wide disparity in perception of services between service workers and clients. The APWA plan stresses the development of economic self-sufficiency, maintenance of independence, rehabilitation, and self-care. Although these goals are not unique to the Pennsylvania experiment, they set the tone of the APWA effort. The new system will move away from individual and family counseling, toward specific rehabilitative services which are designed to promote independence and dignity.

Several principles of design which guided the planning for their separated system illustrate the APWA's strong concern for including the client community in the process of delivering services. According to the Pennsylvania plan, any system of service delivery must encompass:

- Advocacy: Personnel in the new system must possess the "mood, intent, and the skill to defend, to interpret, to mitigate conflict, to study and comprehend obstacles to self-sufficiency..." on behalf of clients.
- Access: Outreach in low-income communities must characterize the system. Referral service must be augmented and liaison with other programs must be explored.
- Client Participation: Advisory roles for clients, the training and use of paraprofessionals, and other means to involve community participation must be a part of the system.

- Concrete Services: Tangible, specific services must balance the continuation of traditional casework counseling. Services should be provided by compacts within government, contracts with private agencies, or should be provided by welfare agencies themselves to fill gaps in services.
- Accountability: The new service system must not only be a referral system, but it must provide for accountability for services to the client as well as the state.

Based upon these principles, the new system will maintain the present county orientation and county welfare board control. At the county level, however, a totally new organization is to be established. The new service system model includes four components of service.

First, an "outreach component" is planned. The outreach component will utilize recipients and other poor people to find those who need help, to act as a liaison to the community, and to deal with complaints about the welfare services.

Second, an "entry-expediter component" will provide the functions necessary for formal entry into the system. These functions will include determination of eligibility for services, diagnostic screening for proper referrals, and short-term or crisis service, for which referral is not appropriate.

Third, a "master service component" will mobilize service capacity by dealing with outside agencies, underwriting, and negotiating for the provision of specific services. This unit will also have the responsibility for organizing any in-house service units not provided through compacts or contracts with other agencies.

Fourth, as an adjunct to other service activities, a "supportive and enabling component" will provide associated services unavailable from the major outside service agencies. For example, a day care agency may provide child care under a contract with the master service unit, but the supportive unit would offer transportation to children if that makes it easier for a mother to take job training. Thus, supportive services will be provided within the welfare agency only as the need arises.

Contained within one agency, the combination of outreach worker, entry worker, supportive service workers, and the final, tangible service delivery will help ensure coordination on the local level. Accountability will be stressed not only by the master service unit, which contracts with outside agencies, but also by the outreach workers, who must deal with clients on a day-to-day basis.

One problem with this system is that it suggests too strongly that the client can be viewed as a piece of raw material, whose fate can be rationally programmed, whose future can be manufactured by social service professionals. In this system, as the client is referred from one processing unit to another, he may get a very fragmented view of the agency helping him. The agency may have a difficult time coordinating all of its components. The outreach worker will bear a heavy burden in helping the client to deal with the number of different specialized service agencies involved in each case.

Maine: Regionalization of Services

The American Public Welfare Association has taken a similar stance in

planning for a separation of social services from income maintenance in Maine. Like the Pennsylvania plan, the Maine design aims for social services which have specified, tangible results, such as placement on a job, provision of medical help or increased educational attainment. The systems approach is also central to service delivery. Instead of utilizing the caseworker for services, the Maine plan designates a "programmer" whose duties follow a pharmaceutical analogy of service delivery:

Client programming is the central concept of the redesigned social service system recommended. It involves development with the client of a "prescription" of services tailored to the specific needs expressed by the client and arranged to enable the client to achieve a specific goal that he has established for himself.

Once the programmer and the client have agreed on a service plan, the programmer's function consists of reviewing the progress of the client toward his appropriate goals. The programmer's function stands in contrast with the traditional caseworker's notion of counseling at regular intervals. After the service plan is established, the "service delivery unit" (similar to Pennsylvania's "master service unit") has the responsibility for providing job training, day care service, educational programs or other services "prescribed" for the client.

The Maine plan encourages the delivery unit to contract out as many services as possible. In Maine, the "outreach" function is accomplished through regional service centers in highly populated, low-income areas, and by paraprofessionals who work in the neighborhoods.

Several service principles can be discerned in the Maine plan. First, the Maine design relies heavily on the client to ascertain his own needs, to report them accurately to the programmer, and to cooperate in carrying out the service plan. There is no provision for at-home social studies. The APWA asserts that the client's recognition of his problem is necessary before any rehabilitation can be started. The Maine plan thus dismisses the contention that people do not understand their real problems, or that they conceal deep psychological or family-relationship disabilities beneath surface requests for specific services.

Second, the Maine plan implicitly establishes a priority in service delivery through its emphasis on client-recognized needs. Those who have the initiative to contact the programmer, and who are willing to recognize their own needs will also have high motivation and ability to benefit from services. With limited resources for services, the APWA has designed a system that will serve first those most likely to succeed in becoming independent.

Third, underlying the use of impersonal descriptions of service delivery (e.g. "programmer," "processing," as opposed to "caseworker" or "counseling") is a reaction against the present system of casework in which psychological health, and intricate family relationships are held to be primary causes of welfare dependency. The Maine plan emphasizes that "the relationship between the programmer and the applicant is businesslike and professional but not therapeutic." Distinguishing between a caseworker and a programmer,

the Maine plan asks:

Does the programmer "carry" the (client's) case? We would prefer to say no. We view the programmer-client relation like an attorney-client relation....where the professional person brings a special expertise and resource to the solution, with the client, of an important problem.

In situations such as child protection where counseling and a close relationship with the family are necessary, the programmer does not remain involved, but refers the family to a specialized counseling unit.

Structurally, the Maine plan differs from the Pennsylvania plan in that it establishes a state system of services which is not based upon county organization. The Maine plan provides for a state agency with semi-autonomous regional offices, which deliver services in the various areas of the state. The central state agency is responsible for overall planning and central fiscal control, including dealings with the federal government. Regional offices have virtual autonomy in establishing priorities for services and the methods by which service units produce services.

Monmouth County: Local Initiative in Social Service Reform

Anticipating the trend toward separation of social services from income maintenance, the Monmouth County Welfare Board has embarked upon a reorganization of public welfare services that gives New Jersey some indication of how an effective service model might be created with minimal alteration of the present welfare system. For the past two years Monmouth County has separated income maintenance from social services. It has 1) separated

validation functions, 2) simplified renewal procedures, 3) computerized financial case records and 4) moved social service workers into specialized service units which handle the needs of individuals as they arise.

The major organizational change enabling separation to take place has been the creation of an Application Process and Family Validation Unit, which validates the application and constructs the budget for each recipient family. This unit not only determines eligibility, but also investigates legally responsible relatives, initiates desertion proceedings, and complies with other requirements related to the calculation and validation of financial aid. Working closely with this unit is a special computer-programming section of the agency, which is responsible for all data processing, including the issuance of checks.

Once eligibility has been determined and the grant has been validated, the welfare recipient in Monmouth County does not become part of someone's caseload in the traditional sense. AFDC families are visited once by a worker in the Social Studies Unit. This unit is responsible for the completion of social studies on all cases. The social studies are designed to reveal specific service needs of welfare families.

During the period immediately following determination of eligibility and grant validation, the client may also be referred to the Work Incentive Unit. A specialized medical unit may also be called into service at the point of completion of eligibility. If the application form indicates that the client needs immediate medical service, he is referred to the Health Services

Unit, which may provide examinations, emergency medical service, or other referral through Medicaid.

Once the social study has been completed, the relationship between the client and the social service portion of the welfare agency becomes a voluntary one, except in the case of protective services. AFDC families are referred to the Family Service Unit; adult categories are handled by a separate Adult Service Unit.

According to social workers in the Freehold Family Services Unit, about a third of their work comes from telephone calls initiated by clients and concerns emergency situations or specific anti-poverty programs. Approximately another third of their activities are initiated through the return of the grant renewal form, which encourages clients to request services encompassing job training, housing, housekeeping, family planning, legal service, medical attention, budgeting, and child care. A final third of the service unit's activity results from referral through the social study. In this case, the client's problem might be identified through the social studies caseworker, who completes the study but is not assigned to carry out a long-term service program. The social studies worker instead refers the client to a long term service worker who initiates contact over the phone, if possible.

Most of the services offered in the Family Services Unit are referral services. Caseworkers report that the most frequently requested services are medical, including referral to appropriate medical facilities and information on how

best to utilize Medicaid benefits. Other services include referral for housing assistance, referral to the local Community Action Program for special transportation services, and to a private child psychiatric clinic in the area. In a few cases, the caseworker is able to do counseling on request from the family, but this service is still rare. According to some workers within the system, the separation would be made even more effective by further specialization. Some further division of labor has, in fact, been instituted recently. One person is now responsible for housing complaints alone.

Among caseworkers in the separated service division, there is noticeably high morale. Some friction between social service caseworkers and the grant validation unit is visible, but the agency in general seems to be running smoothly. Workers see that the trend within the agency is toward further specialization, and they are accepting this change readily.

PRINCIPLES OF SERVICE DELIVERY

Although none of the alternative models studied conform precisely to the needs of New Jersey, one can extract from them, and from the Task Force's analysis of the present casework system, certain common elements which should be incorporated into a new social service delivery system. In order to make social services work, any new design should include services that are:

-- Specific and tangible Services that have a direct impact upon the client's life, and meet his most tangible needs, should take priority over activities involving counseling and psychological analysis of the client. Specific services must be responsive to client-recognized needs. Such services might include day care, housing assistance, legal services, transportation to a job, and vocational training.

-- Accessible Services should be offered to the entire population, not just recipients of cash assistance. Certain services such as information and referral, and child welfare services, should be offered to everyone without cost. (Other services such as day care or family planning services might be offered on an ability-to-pay basis) No attachment to the income maintenance function of public assistance should be necessary to receive services.

-- Voluntary With the exception of protective functions, services should be offered in response to client-recognized needs. Casework in the traditional sense of regular, mandatory visits would be replaced by a voluntary

system in which outreach workers and public information activities would keep potential clients aware of the availability of services.

-- Community Oriented Any new service delivery system must be sensitive to the needs and aspirations of the community it is to help. Those in the service delivery system must assume the role of advocates for the clients. Utilizing paraprofessional community workers in such capacities as intake personnel, day care aides, and health aides, the new system should respond to the community's employment needs as well as service concerns. Local advisory bodies are also desirable mechanisms to ensure responsiveness to community needs.

how far does this go?
- beyond personality disorders approach

Administratively, a new social service delivery system should be based upon a strong centralized state welfare system. Actively responding to federal initiatives toward consolidation and administrative integration of services, the new agency responsible for social services must emphasize:

-- Specialization of activities Social service workers should concentrate on one area of endeavor, in order to become familiar with the most effective means to deliver a type of service. Separate units for adult self-care services, housing, employment, day care, family planning, and other services should be developed. A general referral unit may be required, but generalized casework should be avoided except in cases of family crises.

Separate units

In these cases, professional help should be available. Training of both services staff and referral staff in specific services areas should emphasize in-depth knowledge of specific resources and programs.

-- Purchase of services Where the statewide social services agency feels that another specialized non-profit private or public agency can do a better job, it should contract with that agency for services to be provided to clients. Beneficial funding arrangements will stimulate private and local public initiative to expand social services. Contracting agencies might include community action agencies, family planning clinics, and transportation agencies.

Increased reliance on purchased services by the State services agency will encourage the expansion of service resources, without asserting a monopoly by the agency upon expertise in all service areas. It should encourage the development of a strong pluralistic system of social services, offering alternative sources of service to clients.

-- Accountability Persons and agencies responsible for delivering social services must be held accountable to the people of New Jersey for success or failure in rehabilitation, and delivery of services to clients. Specific tangible services would be more readily evaluated in terms of objective success criteria than the ill-defined casework activities of the present system. Only by stressing accountability, can a statewide service agency maintain control over its own activities and gain the respect and confidence of outside

agencies who provide services under purchase agreements. Thus, an evaluation unit must be an integral part of any statewide services agency.

RECOMMENDATIONS

This Task Force believes that a strong and coherent system of social services is vital for the citizens of New Jersey. The service provisions of the Social Security Act have been altered through the years so that the State agency administering those provisions can now obtain the funds and statutory authority to coordinate and to support financially an integrated system of social services. The system can provide services to all income groups, although it must focus on the poor and near-poor. It can support services delivered through other governmental agencies and even non-profit private agencies, in order to develop a diverse and flexible service delivery system.*

In order to build an administrative structure which can assume this new financial and coordinating role and which can also remedy the grave deficiencies in the present social services non-system in New Jersey, a thorough recasting of this State's organization for both cash assistance and social services is essential. We are therefore proposing two groups of major changes in the present system. First, we propose a group of interim changes that should be initiated immediately by County Welfare Boards, with active guidance and support from the State Division of Public Welfare. Second, we propose a major reorganization of welfare at the State level, in order to lay the foundation for viable and effective programs of cash assistance and social services.

Changes Within the Present Structure

A number of steps should be taken immediately in order to improve

APPENDIX: MANDATORY SOCIAL SERVICES UNDER THE
SOCIAL SECURITY ACT

Services - Mandatory

- I. Services to assist all appropriate persons to achieve employment and self-sufficiency
 - A. Screening of caseload, identification of those currently ready or with potentials for employment or training
 - B. Determination of individuals appropriate for referral
 - C. General and specialized diagnostic assessments of health, learning and other limitations that prevent involvement in employment or training
 - D. Plans to insure that training and employment in jobs which take full advantage of the individual's potential
 - E. Provision of services necessary to deal with personal family barriers
 - F. Provision for utilization of public and voluntary agencies
- II. Child Care Services
 - A. Child care services -- in-home and out-of-home
 - B. Develop varied child care resources
 - C. All child care services must meet specific standards by category
Homemaker service Family day care Day care centers
 - D. In-home and out-of-home care for those in WIN program must be service rather than assistance cost
- III. Foster care services
- IV. Prevention or reduction of births out of wedlock
- V. Family planning services
- VI. Services to meet particular needs of families and children

- A. Assist children to obtain education in accordance with their capacities
- B. Improve family living through assisting parents to overcome home-making and housing problems
- C. Assist in reuniting families
- D. Assist parents in money management, including consumer education
- E. Assist parent in child rearing
- F. Offer education for family living
- G. Evaluate the need for, and in appropriate cases provide for, protective and vendor payments and related services.

VII. Protective services and cooperative arrangement with courts

VIII. Services related to health needs

- A. Screening
- B. Referral
- C. Development of resources

IX. Legal Services - limited to representation at fair hearings (attorneys must not be on staff of welfare agency)

X. Staff Unit to Establish Paternity and Secure Support for Children Receiving Aid

