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Abstract
This paper is an effort to propose a moderately optimistic future for the personal care sector of human services. It is proposed that the best available future scenario for personal care services between now and the year 2019 is to concentrate on privatization of service delivery on a small-scale basis. Government, in this model should be limited largely to three roles: 1) source of venture capital; 2) regulation of service delivery; and 3) income maintenance for the poorest populations. In this future, the main burden of personal care services will be carried by the private sector. Dramatic improvements in the financing and marketing of human services will be called for, including expanded private practice, technology-intensive services and new forms of private insurance.

Introduction
This paper is concerned with the impact of changes in the social, political and economic context of personal care services during the 1980's and with identification of a plausible alternative future for an important sector of American social welfare, the personal care services. It originated in a conventional concern for the impact of Reagan policies, and evolved into a justification for increased private practice in American society. It attempts to build upon and expand earlier arguments in a similar vein. (Barker, 1986) If the analysis presented is sound, advocates of private practice, would do well to expand concern for licensure and third-party payments into broader concerns for new forms of personal care service insurance coverages, productivity improvements in social service delivery, and more meaningful public regulation of services.

Terms
Several key terms are fundamental to the argument laid out here. "Social welfare" is used in this context to refer to the full range of publicly funded (or, "societally sanctioned") systems for providing health, educational, manpower, housing, income maintenance and personal care services. This

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includes services delivered by federal, state and local governments as well as services purchased with public funds from commercial and nonprofit vendors.

We shall set aside any systematic concerns for social insurance, public assistance, unemployment, housing, and the main body of education and health care issues in this paper and concentrate solely upon personal care. Discussions of social services in social work often get side-tracked into discussing the welfare state as a whole. In this paper, discussion of the problem of poverty, social support for the poor and such peripheral issues as whether or not a "services strategy" is an adequate way to confront poverty are purposely set aside.

'Personal care service' is an umbrella term for the central preoccupations of the social work profession, including mental health, counseling and therapeutic services, as well as long-term residential or home-based care for the elderly, retarded, chronically mentally ill, dependent, orphaned and abused children, and others in need of primary assistance with the activities of daily living. The primary concern here is the nonpoor client population whose service-related problems are not a direct result of income problems.

An important underlying policy issue in personal care which has emerged as a result of the Reagan government efforts to trim federal social spending is the fiscal basis for a true national system of adequate personal care. With certain notable exceptions, such as infant day care, there are remarkably few partisan political controversies over policy in this area. Indeed, one of the main features of the "bi-partisan" incremental strategy for personal care as it has emerged is the view that these are largely issues between the fully informed and the indifferent and unaware. The greatest controversy arises over the question of the fiscal basis of personal care services (or, who shall pay for personal care). It has often been an unwavering premise of the past two decades that support for personal care is, ultimately, a federal responsibility. Such a premise is at obvious loggerheads with efforts to trim federal spending and has produced the sense of stalemate and defeatism evident in large parts of the personal care system today.

Those currently engaged in the private practice of social work, and advocates of private practice have been as caught up in this malaise as the rest of the profession. Typically, private practice is seen as fiscally feasible only through public "third-party" payments from public vendors.

The Past As Prologue

In a broad sense, "social welfare" has been an aspect of a broader trend toward humanitarianism evident in Western societies since the late Middle Ages. During the 1980's, the relationship toward the future of the entire range of social welfare activities in the United States has been dramatically altered. Similar patterns of change can be observed in Britain, the original
home of the "welfare state" concept, in Germany, and other Western countries. However, the trend is most apparent in the United States, which always has been something of a "reluctant welfare state."

Until the ascendancy of the conservative Reagan government in the United States in 1981, the future of social welfare was defined largely in terms of an incremental welfare state, characterized by gradual expansion of tax supported programs and benefits, with periodic policy refinements and extensions of benefits and coverages to new populations.

The incremental nature of policy debate largely removed any necessity for long-range or visionary glimpses of the future. "The future" was simply the period in which improvements to the system already anticipated or projected would be realized. Indeed, the curiously calm and unperturbed reactions within the social work community to dramatic events such as the 1981 Budget Reconciliation Act and the more recent Graham-Rudman Act are best understood as testaments to the continued influence of this viewpoint: Things might not look too good at the moment, but they will right themselves again in the next Presidential election. First, this was said of 1984, now it is being said of 1988. The social welfare future was, if not exactly rosy, at least optimistic and stretched toward distant if indefinite, horizons of universal eligibility, comprehensive program coverage and eventual elimination of human need. Past and future melt into one continuous, cumulative and apolitical realization of "needs" to be met.

A primary source for such optimism in recent years has been heavy reliance on the functionalist theory of modernization which, simply stated, set forth a "replacement thesis", in which formal, organized personal care bureaucracies were said to be taking over caring functions of the family and community in a more or less automatic and apolitical manner. (Wilensky and LeBeaux, 1965; Zastrow, 1985;)

From this view, the gradual unfolding of the American welfare state is seen as a more or less automatic and irresistible consequence of modernization, unaffected by organizational or political agendas. Any possibility that in the future such caring functions might simply be lost receives scant consideration.

This consistently optimistic model of evolutionary "progress" has remained remarkably intact from the Progressive Era into the present among liberal and progressive social scientists, bureaucrats and social reformers. Largely a utopian pipedream until the Depression, it has become realized ideology in social work.

The main system dynamics of American social welfare consist of annual budget increments, regular "technical" amendments to the Social Security Act (such as the addition of Medical Assistance for the Aged in 1959, Social Services in 1962, and the unprecedented Supplemental Security Income
program in 1972) and periodic enactments of new programs which, in turn, quickly fall into the familiar pattern of annual budget increments and program "tinkering".

A kind of mild, evolutionary Fabian or community socialism until the fifties, "social welfare" ideology over the past thirty years has sought increasingly to cast itself in an "end of ideology" mode of objective, professional and political neutrality, with remarkably little success. As a result, the "Age of Accountability" since the early 1970's has, in reality, been an age of paradox: program expenditures keep rising while political and intellectual support for social welfare dwindle in the face of advancing fiscal "conservatism" which shows many signs of great vibrance.

The present Personal Care system in the United States came into being almost entirely within the dominant assumptions of the reluctant welfare state: A series of amendments to the Social Security act legitimated a "service strategy" approach to poverty, purchase of service agreements with private service providers, various "demonstration" programs and a host of other refinements.

In marked contrast to the Progressive Era, when private social service actions were legitimated by the philanthropic acts of community elites, social services in the present age have found no very sound ground independent of the state. The "voluntary sector", originally a social laboratory for new programs, has become the recipient of public "demonstration" funds aiding and abetting new discoveries, and a semi-public conveyor of public purpose through "purchase of service agreements." It may be that more than three quarters of all voluntary sector social welfare activity is, in fact, publicly subsidized.

Since the 1950's, congressional bi-partisanism and bureaucratic commitment to incrementalism were repeatedly mistaken for an evolution beyond politics to professionalism. Gradual continued growth of personal care and other elements of the social welfare system was virtually assured by a kind of "pincer movement" of the combined efforts of Democratic liberals in Congress and "politically neutral" professionals in the federal bureaucracy. (Stern, 1983) However, this system of political support is no longer viable. Although the apolitical professionals are still there, the Congressional liberals and key federal bureaucratic leaders have been replaced everywhere by fiscal conservatives. As a result, the growth of public spending for personal care has been slowed, and in some cases dramatically reversed. (Stern, 1983; Newsweek; New Republic)

Diverse indicators point to the extent of the change which has occurred: the continuing popularity of President Reagan in the face of the 1981 Budget Reconciliation Act, the Graham-Rudman Act, etc., the early withdrawal of Sen. Edward Kennedy from the 1988 Presidential race, and the candidacies
everywhere of "fiscal conservatives" committed to lower taxes and decreased public spending.

The Present State of Futurelessness

Even though the political and institutional circumstances have changed, the social welfare sense of the future has not. Since 1980, social workers, liberal social scientists and public administrators and the few left-of-center politicians remaining in elective office in the United States have demonstrated a consistent, marked inability to visualize the future except as a restoration of the old familiar dream. Since such a restoration seems unlikely in the foreseeable future, the resultant outlook might well be described as one of "futurelessness." From this context, advocates of private practice in social work are sometimes viewed as morally dubious, unscrupulous profiteers or marginal deviants, and often restrict themselves to "third party payments" as the lone viable source of support for their activities.

An Alternative Future?

This paper is an attempt to propose a moderately optimistic alternative future for personal care services; one which attempts to adjust traditional community-level social work concerns with meeting human needs, community-level interventions, and enhancing human freedom and potential to the political, institutional and fiscal realities of the present. It is not proposed out of any partisan political view (and certainly not a conservative one), but rather out of a pragmatic concern for locating a durable institutional base for personal care institutions. As such, it is a more or less self-conscious attempt to adjust the fundamental core of social work concern for the wellbeing of all members of society to the changing political and economic mood of American society in the latter third of the twentieth century.

While proponents of social welfare have frequently perceived present trends in society as indicative of an underlying spirit of meanness or vindictiveness, this presumption requires directly equating limited government with personal care service elimination. Recent evidence, however, points at the very least to the possibility of a kind of cognitive dissonance in public attitudes which fails to connect "low tax" and limited government policies with the consequence of unsupported services. (Dominion Post, 1986) It is this split in public opinion which offers the political anchor point for the mild optimism of this view.

The feasibility of such a new ideology, however, is directly dependent upon projecting an alternative financial basis for personal care, because the future development of personal care services will be conditioned and limited by the availability of funds to support program expenditures. Rhetoric about
"societal obligations" aside, the present system has been developed largely as a system of national fiscal support for local community program initiatives, and any future alternatives to this "welfare state" model must likewise be concerned with the core issue of fiscal support to community level efforts.

One of the strongest arguments for the privatization of personal care is found in the disguised libertarianism of most American social workers: Traditional American individualism and hostility to big government are at least as apparent among personal care service providers in social work as among the general population. Instances of this are easy to find, whether it is support for the "deinstitutionalization" of the chronically mentally ill, "normalization" of retarded and elderly clients, concern for the rights of welfare recipients and other clients, or strong and enduring anti-bureaucratic attitudes, etc.)

The critical issue in each instance is not the continued existence of personal care services, but rather the creation of humane, responsive, services. One promising trend along these lines has been the considerable scaling down of the size of delivery systems from massive, monolithic state hospitals and institutions to smaller halfway houses, group homes and nursing homes. The most important trend, however, has been the movement away from direct public delivery of services toward "third party" contracts with private, nonprofit service providers.

It is possible to suggest that the "welfare state" may not be the culmination of history but merely a transitional stage between early industrial society where private economic activity and the unrestricted accumulation of wealth brought widespread suffering, and an emerging future service society in which concern for human well-being (or, if you prefer, growth and potential) are principal (although not exclusive) objectives of all major social institutions. Likewise, public subsidies to private service providers may not prove to be a stable system over the long run, but merely an entrée to a society in which responsibility for personal care is widely diffused.

Such trends are already well underway and clearly recognizable. Private, nonprofit vendors everywhere are attempting to discover new modes of nonpublic support to replace lost grant funds. Corporate employers routinely offer health, retirement, day care, and an assortment of other "fringe" benefits to their employees. At the same time, "private" commercial health, accident, auto and liability insurance coverages are already routinely, if not universally, available in most American communities.

The argument that such private services and insurance coverages are not presently universal is not, by itself persuasive; neither are most program coverages in the welfare state system. Further, with the growth of "private practice" in social work, psychology, psychiatry, and counseling, as well as
fee-based services for adoptions, hospice, homemakers, and a host of other family services, increasingly large numbers of American families are becoming accustomed to paying for personal care services as they do medical and dental care. In the absence of other indications, fee-based services cannot simply be brushed aside as unjust. (Lohmann, 1980)

Taken together, these trends add up to a unique American pluralistic adaptation of the "welfare state" of classic European social thought modified by the individualism and limited government beliefs of traditional American social thought. For simplicity, we shall refer to this alternative to the welfare state as the humane society approach. (Connotations of animal shelters, etc. are inadvertent, but not entirely irrelevant, since the first ever child abuse case brought in the United States was brought under animal protection statutes.) The vision of a "humane society", or a society of humane institutions in which human well-being is a principal concern, has a number of quite appealing aspects as an American ideology and some grounding in such traditional American political doctrines as the "life, liberty and pursuit of happiness" clause in the Declaration of Independence. It has, as well, certain characteristic problems.

In order to satisfy the low tax/limited government concerns of the polity, government in a privatized model of humane society, could be limited to three primary roles with respect to personal care services: First, as a source of "venture capital" for demonstration of new, innovative programs and services. The "demonstration program" strategy has a long history already and generated an avalanche of social "research and development" funding during the 1960's and 1970's. (xxx, 1984.) Indeed, personal care services as a distinct category of social welfare concerns is largely a bi-product of the successes of such popular and effective demonstration programs as Head Start (enriched day care), Meals on Wheels, homemaker services, hospice programs, resocialization programs for the mentally retarded, abuse shelters, et. al.

In the personal care arena, the current backlog of promising, workable, already demonstrated program concepts is already so large that any interruption of the "demonstration program" thrust is unlikely to have a serious retardant impact upon the field at least through the turn of the century. (Anyone who doubts this is encouraged to explore federal archives and conference proceedings in fields such as criminal justice, gerontology, retardation, or child welfare for reports of successfully completed grant programs.)

Second, in a privatized future, there is a major role for government as a regulator of private service delivery to protect the rights, person and property of clients. Despite the current laissez faire pretensions of political conservatives and pure economic liberals, the unregulated market is an unsatisfactory means for dealing with the range of problems encountered in
human services, if only because psychotic, retarded, senile and abused persons fail to pass muster as "rational consumers." Without such regulatory activity, any privatization strategy is foredoomed to failure. The ravages of early industrial society against children, women workers and the poor should be a very instructive historical lesson. While the issue of whether, on the whole, private-for-profit, private nonprofit or public service providers offer higher quality care is still genuinely open for debate, recent study of private, for-profit child care, and numerous contemporary and historical studies of the for-profit nursing home industry make quite clear that personal care service vendors of all types require some regulatory oversight. (E.g., Fallows, 1984) Indeed, this point should have been clear ever since Charles Dickens explorations in Oliver Twist and Nicholas Nickleby.

**Private Personal Care Insurance**

Thirdly, it must be emphasized that a private personal care delivery system will not eliminate the future need for some form of income maintenance or support for the poorest populations. For many in social welfare, this issue is the crucible of any alternative future; the principal question to be addressed. This is in part because of a tendency to interpret the present "welfare state" range of possibilities as completely exhaustive: either private "fee-for-service" or public subsidy, whether through federal or state tax funds or "voluntary" contributions such as United Way.

Yet there are numerous possibilities not encompassed by the present, only two of which we shall examine here: The first of these is the development of new forms of private insurance to support personal care.

Take the area of day care, for example. Like many other insured "needs" in daily living, the need for day care for children is remarkably bounded chronologically, and highly predictable as well. Strictly private, individual family coverage for pre-school day care costs may be infeasible. Families are well able to predict their own patterns of day-care risk, and unlikely to purchase insurance at periods of low risk, thus making day care insurance apparently infeasible. However, pre-school day care coverage in conjunction with elderly day-care coverage, or even a blend of other benefits such as those discussed below could make an attractive package for individuals. At the same time, since large employers are likely to have a cross section of age-cohorts at any given time, their perspectives on the "risk" of day care as a fringe benefit are considerably different than those of any individual employee.

Or take the whole range of contemporary urban and domestic violence: It is widely accepted that victims of such diverse trauma as mugging, rape, child or spouse abuse, burglary, hostages and survivors of terrorist incidents, victims of natural disasters and others suffer predictable (and treatable)
emotional trauma in the aftermath of such events, and that virtually all residents of urban society are at predictable risk of being victimized. As such, a broad pool of potential insureds exists, as the basis for financing a nationwide system of services for such victims.

Further, everyone is at risk of major disruptions to life and livelihood due to chronic degenerative diseases such as cancer, heart disease, stroke, schizophrenia, or Alzheimer’s disease and, everyone who survives beyond the age of 70 is at increasing risk of long-term dependency. Likewise, all of us who become parents are at a certain risk of having a developmentally disabled child.

While public and private medical insurance are struggling with other dimensions of the insurance issue, the question of personal care insurance for chronic disease victims is still wide open, although we may be seeing the beginnings of some movement in this area. The American Health Care Association, a trade association for nursing homes, for example, estimates that more than 25 insurance companies are presently experimenting with policies covering long term care of the elderly. (AHCA, 1985)

**Productivity Improvement**

In addition to the potential for new forms of personal care insurance, a second set of possibilities is major productivity improvements in the delivery of personal care. Distributed risk is one way of making the cost of personal care acceptable to the average consumer. Productivity improvement may be another.

Two things are relatively clear about the present system of personal care: First, personal care of all types is highly labor intensive. Data from the 1982 census of services, for example, suggest that more than 60 percent of all expenditures by "social service" programs are for personnel, and rental of space to house them and transportation to move them constitute a major part of remaining expenditures. (Census, 1983) Secondly, the essential fabric of personal care services is human communication and information. (Wilson, 1982) As such, personal care services may be susceptible to radical improvements in performance of an entirely unprecedented nature.

Most contemporary "ways of working" in personal care services were developed early in the 20th century, and have made only slight adaptations beyond the original "paper and pencil" technology of the Friendly Visitor to the telephone and the typewriter. This is true not only of case and group work, but also of community organizing, fund-raising, and "modern management" in nonprofit organizations. A century of hortatory appeals to "efficiency" have produced little in the way of meaningful improvements. (Lubove, 1969)
The entire area of worker productivity in personal care may be open to
dramatic future improvements which not only do not compromise, but
actually enhance, client opportunities. One of the predominant myths is that
personal care workers spend the majority of their time directly face-to-face
(or "doing with") clients and only a minority of time in "off-line" ancillary
tasks ("doing for" clients). In fact, in most areas of personal care, the opposite
is true. Therefore, reducing the amount of time and effort in these "doing for"
tasks offers a major opportunity for productivity improvement which could
actually result in enhanced service quality and lowered cost.

Two examples will suffice: Presently, personal care clients seeking
information on hours, appointments, fee structures, descriptions of services
offered, types of problems dealt with, eligibility criteria and a myriad of other
similar information must get it face to face or over the telephone from a
worker. Meanwhile, a wealth of existing and projected information
technology exists for precisely these tasks: computerized databases and
videotext, touch-screens, data base managers, interactive video, etc.
Intelligent introduction of technology could have a major impact not only
upon the productivity (and thus the cost) of services, but also on the accuracy
and accessibility of information available to clients.

Secondly, identifying policy and standard operating procedures of various
service vendors is a major preoccupation of many personal care workers at
present. In part, this is so because most "policy" is found in printed and
bound notebooks or texts which are poorly indexed, incompletely
disseminated, quickly outdated, and subject to problems of accuracy, context,
etc.

Each of these problems has significant cost implications, and has a
marked impact upon deteriorating worker productivity. Future systems
which were rapidly updated, cross-indexed, easily available and included
facilities for "feedback" on inaccuracies could also have a marked impact upon
worker productivity, and in the event let social workers do what they do best.

These are but two of multiple areas in which it is possible to project
dramatic new "ways of doing things" in personal care which could allow
considerable improvements in worker productivity without undermining the
"quality of care" actually received by clients. Despite the barrage of appeals
to "efficiency" and "effectiveness", present incentives toward productivity
improvement in personal care are actually very weak. A privatized system
could bring at least limited market considerations to bear. Cost reductions,
in turn, increase the feasibility of privately delivered (and paid for) services.

Conclusion: Two Cheers for Privatization

Proponents of social welfare in American society have held a remarkably
stable conception of the future for a large part of the 20th century. Perhaps
what is most remarkable about the social work sense of the future is the manner in which it held together for over a decade in the face of strong evidence of its political obsolescence.

However, the incremental welfare state vision of the future no longer holds up as a rationale for personal care services, as even the most reluctant proponents of federal spending must acknowledge. It is essential, therefore, that a new sense of the future be discovered. If present public attitudes favoring low taxes and minimal public expenditures continue to define the American political culture for the foreseeable future, prospects for any form of traditional "welfare state" approach to personal care in the United States appear bleak indeed.

Now that the feasibility of many such services has been demonstrated, however, the prospects for fee-based private systems of service delivery, properly regulated and supported by individual and/or group insurance coverage and marked by dramatic increases in worker productivity would appear to be a source for moderate optimism. In summary, the main burden of personal care services (as distinguished from income maintenance) in the United States could be borne by the private sector.

This would be a solution to the characteristic problem of a sound financial base for the system which the welfare state approach has been unable to resolve. For such a system to be workable, however, dramatic innovations in the financing and marketing of human services will be called for, including expanded private practice, technology-intensive services and new forms of private insurance. Professionals interested in the private practice of social work should not restrict themselves to simply seeking licensure and third-party payments. They should also look to
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