

The Merrill Social Work and Human Services Series

5TH EDITION

INTRODUCTION TO HUMAN SERVICES

Through the Eyes of Practice Settings

MICHELLE E. MARTIN



FIFTH EDITION

Introduction to Human Services

Through the Eyes of Practice Settings

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California State University, Fullerton



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About the Author

Dr. Michelle Martin is an Assistant Professor in the Department of Social Work at California State University, Fullerton (CSUF), where she teaches courses in social welfare policy, research, and community practice. Her current research interests are focused on the politicization of immigration, human rights of displaced populations, and how social media is used by diaspora and migrant populations to express a range of narratives. She also researches how social media is used for social justice advocacy purposes and the dissemination of propaganda that influences political identity and ideology. Dr. Martin is the author of three textbooks in social work, human services, and global advocacy policy practice, as well as other publications. Dr. Martin is on the board of the United Nations Association of the United States, San Diego Chapter—a nonprofit grassroots organization dedicated to promoting political and public support for the United Nations on a local level, including garnering support for the UN Sustainable Development Goals. Dr. Martin has practiced in the field of human services and social work for approximately 25 years, working in a range of practice settings, most recently in global policy practice. Dr. Martin is an active blogger and writes about current events and political dynamics related to immigration as well as women and well-being.

Preface

The fifth edition of *Introduction to Human Services: Through the Eyes of Practice Settings* includes many important updates and additions reflecting the many changes that have occurred in the world since the first edition was written, and particularly since 2016. I was motivated to write this book after teaching my very first human services class back in 2002. I didn't know (way back then) that most professors adopted one or two textbooks and then developed a class based on their content. I developed a course curriculum based on what I knew from having worked in the field for more than a decade. Imagine my surprise when I couldn't find a single book that matched the way I thought the course should be taught! Rather than teaching through the lens of populations (e.g., working with children, working with families), I believed an introductory course should be taught from the perspective of the practice settings we work in, which often reflects a range of major social problems within society.

You see, I had worked with children in schools, in foster care, and in hospice, and I was confident that each setting involved distinctly different approaches. Yes, children are children, regardless of the practice setting, but the way a human services provider works with them is wholly dependent on the practice context. Why? Because the human services is one of the few helping professions that is focused as much on social problems as it is on human behavior. With roots in social justice movements, human services professionals evaluate clients within the context of their environments, considering structural dynamics and social problems such as poverty, homelessness, violence, food insecurity, and a range of human rights violations and intolerance, bias, and prejudice against people of color, immigrants, LGBTQ people, women, and other at-risk populations. So I essentially flipped the script, using practice settings (and social problems) as the lens through which to evaluate the nature, functions, and roles of human services agencies and the professionals who work there.

There have been several major changes in society since the first edition of this book, most notably the evolution of technology and social media. Social media has changed just about everything in the world—from how we relate to others on a personal level (including dating), to how politics is perceived and discussed, and more recently to the dramatic increase in polarization on most social problems in the world. These shifts have significantly impacted the human services field, and I've done my best to reflect the range of these changes and how they have impacted the evolution of various social problems, the perceptions of those who struggle in society, and how assistance is structured and delivered.

Another shift includes increased globalization, also influenced by the internet and social media, and this book, particularly the fifth edition, includes the range of ways that the shrinking world has impacted the most vulnerable members of society and challenged service provision. Social problems are dynamic, as are the people most impacted

by them; so the profession of human services must be equally dynamic in helping to address social problems on micro and macro levels. Thus, in addition to exploring the traditional aspects of human services provision, I have also touched on a wide range of emerging issues as well. For instance, the climate crisis has exacerbated a range of existing challenges, increasing the struggles experienced by many populations and warranting creative and effective responses on the part of helping professions, including the human services. Consider the dramatic increase of wildfires, particularly in California and Colorado, and the impact of forced displacement and trauma on communities and the human services providers who work in those communities. In that sense, this book, and this edition in particular, provides a comprehensive up-to-date exploration of what it means to be a human services professional, in all its various forms, in the 21st century.

NEW TO THIS EDITION

The fifth edition of this textbook includes a comprehensive updating of the entire book, with a particular focus on emerging issues related to the current political condition in the United States, the state of **poverty** and its impact on **at-risk populations**, and issues often not included in other human services textbooks such as **immigration**, **environmental injustice**, the growth of **tent encampments**, shifts in approaches to social policy and the impact of **technology** and **social media** on the everyday lives of Americans, and our political systems. In addition, all of the research and statistics have been updated, the impact of social media has been integrated throughout the book, and relevant current events, such as **escalating racial tensions**, have been updated, as has legislation impacting those in the human services and the populations they serve. I have made a distinct effort to incorporate suggestions from professors and students from around the country (and globe) who use my text and were kind enough to take the time to reach out to me.

Here are some of the major updates in this text:

- **Updated research**, policy, and statistics.
- Increased content on **trauma-informed approaches**.
- **Opening vignettes** in all chapters for easier application of challenging concepts and theories.
- Increased infusion of **multicultural and diversity issues** throughout each chapter related to a range of experiences, strengths, and challenges facing members of the Black community, Latinos, Native Americans, Native Alaskans, and Native Hawaiians and Pacific Islanders, which will help students recognize the varied way social problems impact diverse populations.
- New content on the **role of technology and social media** in social problems and intervention strategies.
- Increased content on **mandated child abuse reporting** requirements with current legal reporting requirements.
- Increased infusion of issues related to **LGBTQ+ populations**, including content on the current climate related to a range of sexual and gender expressions.
- Updated content on military personnel and their family members, and **veteran populations** (Chapter 6), which will better prepare students who wish to work with these populations and their growing needs.

- Updated content on **interfamily violence and campus rapes** (Chapter 11) to better reflect the current state of gender inequity and the state of rape culture.
- New content on **immigrants and refugees** related to recent presidential Executive Orders that will provide students with increased awareness about current dynamics surrounding global conflict, migration flow, and the ongoing politicization of immigration in the United States.
- Chapter 12: Updated content on **rural human services**, with increased exploration of dynamics and social problems impacting rural communities and rural enclaves, including economic challenges related to deindustrialization, the **opioid crisis**, and increased **food insecurity**.
- Chapter 13: New content on **natural disasters**, the **climate crisis**, and **environmental injustice**.
- Updated content on **global human services** (Chapter 13) provides students with increased global awareness necessary for an increasingly globalized world, including content on global pandemics such as **COVID-19**.

Key Content Updates by Chapter

All chapters have undergone a thorough update, with a particular focus on research, statistics, and issues related to racial diversity. The following reflect the updates and new content within each chapter:

- Chapter 1: Updated information on **ethical standards** and **educational requirements**. A new section on **multicultural and diversity perspectives** and a new section on the **importance of terminology**, particularly in relation to people of color.
- Chapter 2: Updated content on the **history of social welfare** in the United States. New content on **contributions of Black social justice reformers**. New content on **global comparisons of social welfare models** and on **the impact of Trump administration policies** on at-risk populations and social welfare programs and provision.
- Chapter 3: New case studies highlighting **multicultural and diversity perspectives in ethical practice**. Updated content on generalist skills. New content on the **impact of technology** on practice, including an exploration of opportunities and challenges.
- Chapter 4: Updated content on the **historic treatment of children, particularly children of color**. Updated research and **child welfare statistics**. Updated content on **child welfare legislation**, and generalist practice with children in substitute care. New content on **disparities in the treatment of families in the child welfare system**, particularly Black and Native American families. Content on working with the adolescent population integrated meaningfully into Chapter 4, with **increased focus on psychosocial developmental transitions**. New content on **multicultural and diversity issues within the child welfare system**.
- Chapter 5: Updated **research and statistics on the aging of America**, and successful and active aging. New content on **opportunities and challenges facing LGBTQ older adults**. Updated content on **housing insecurity among the older adult population** and on grandparents parenting. New content on **legislation impacting the older adult population**.

- Chapter 6: New content on the state of **behavioral health care in the United States**, including updated incident rates, demographics, and disparities. New content on **trauma-informed care, dual diagnoses, and the harm reduction model**. Updated content on **working with the military and their family members, LGBTQ people, and ethnic minority populations**.
- Chapter 7: Updated content on **homeless definitions and counts**. Updated content on perceptions of the poor and homelessness, including the **NIMBY phenomenon**. Updated content on **single parent homelessness and the myth of the welfare queen**. New content on the current state of homelessness and the significant increase on tented encampments in larger U.S. cities. Updated content on **runaway and homeless youth**.
- Chapter 8: Updated research and statistics on the state of the **U.S. healthcare system**. New content on the global **coronavirus pandemic**, including the **disparate impact of COVID-19 on communities of color**. New content on the status of the Affordable Care Act.
- Chapter 9: Updated content on **ethical dilemmas common in school-based human services**, including new content on ethical mindfulness. Updated content on the state of **teen pregnancy** in the United States. New content on **multiculturalism**, including working with diverse populations. New content on decolonizing **human services practice in the public school system**. New content on working with **LGBTQ students**. New content on working with **Muslim students**.
- Chapter 10: New content on **faith-based human services**, including updated content on **the role and benefit of religion and spirituality in practice**. Updated content on the **federal government's approach to supporting faith-based human services agencies**, including a comparison between the Obama and Trump administrations. An updated case study of a human services agency using a **contemplative and mindfulness approach**.
- Chapter 11: New content on **violence in America**, including new content on **police brutality against Black people, particularly unarmed black men, and the role of Black Lives Matter in advocating for police reform**. Updated content on **IPV and the Violence Against Women Act and hate crimes legislation**. New content on **sexual assault on college campuses, the rape myth, the #MeToo campaign, and hate crimes against LGBTQ people**.
- Chapter 12: Updated content on the state of **rural America**. New content on **persistent poverty and areas of recovery** in rural communities.
- Chapter 13: Updated content on **globalization, global poverty, and the UN Sustainable Development Goals**. New content on **international human services organizations**. New content on the **climate crisis** and the impact on human populations, **extreme weather events, and environmental injustice**. New content on the impact of **COVID-19** on Least-Developed Countries. Updated content on the state of **HIV infections and impacts**. Updated content on **gender-based violence and human sex trafficking**. New content on the **mistreatment of the world's displaced populations**.

PEDAGOGICAL FEATURES

This text offers numerous pedagogical features that enhance learning of important concepts and theories. For instance, each chapter includes an opening vignette that illustrates the roles and functions of human services providers working in various practice settings. Several chapters also include boxed features that draw attention to important issues and concepts. Each chapter also includes end-of-chapter summaries and end-of-chapter reflection questions.

Pearson eText (9780136801993)

The Pearson eText is a simple-to-use, mobile-optimized, personalized reading experience. It allows you to easily highlight, take notes, and review key vocabulary all in one place—even when offline. Seamlessly integrated videos and other rich media will engage you and give you access to the help you need, when you need it. To gain access or to sign into your Pearson eText, visit <https://www.pearson.com/pearson-etext>. Features include the following:

- **Video Examples:** Each chapter includes *Video Examples* that illustrate principles or concepts aligned pedagogically with the chapter. These clips illuminate practice scenarios and examples of dynamics explored in the chapter. Each video clip includes reflective questions that facilitate deeper learning as students reflect on the ways a range of dynamics impact clients and client communities, the application of concepts and theories, and how experts respond in given situations.

With this edition, we are excited to feature a series of human services videos filmed on the campus of California State University, Fullerton, as well as other Pearson video clips featuring experts in the field responding to various client situations. Each chapter is also supported by video clips from media outlets, nongovernmental organizations, and other professional sources. These are some examples:

Chapter 3.3: The Impact of Racism and Microaggressions on Practice

Chapter 5.3: Advocating for LGBTQ Older Adults

Chapter 7.3: Single Parent Homelessness and Shelter Living

- **Interactive Glossary:** All key terms in the eText are bolded and provide instant access to full glossary definitions, allowing you to quickly build your professional vocabulary as you are reading.

LMS-Compatible Assessment Bank

With this new edition, all assessment types—quizzes, application exercises, and chapter tests—are included in LMS-compatible banks for the following learning management systems: Blackboard (9780136801887), Canvas (9780136802105), D2L (9780136801863), and Moodle (9780136801597). These packaged files allow maximum flexibility to instructors when it comes to importing, assigning, and grading. Assessment types include the following:

- **Learning Outcome Quizzes:** Each chapter learning outcome is the focus of a *Learning Outcome Quiz* that is available for instructors to assign through their Learning Management System. Learning outcomes identify chapter content

that is most important for learners and serve as the organizational framework for each chapter. The higher-order, multiple-choice questions in each quiz will measure your understanding of chapter content, guide the expectations for your learning, and inform the accountability and the applications of your new knowledge. When used in the LMS environment, these multiple-choice questions are automatically graded and include feedback for the correct answer and for each distractor to help guide students' learning.

- **Application Exercises:** Each chapter provides opportunities to apply what you have learned through *Application Exercises*. These exercises are usually short-answer format and can be based on Pearson eText Video Examples, written cases, or scenarios modeled by pedagogical text features with reflective questions (e.g., “How do professional ethics drive social workers’ responses to clients’ challenges?”). When used in the LMS environment, a model response written by experts is provided after you submit the exercise. This feedback helps guide your learning and can assist your instructor in grading.
- **Chapter Tests:** Suggested test items are provided for each chapter and include questions in various formats: true/false, multiple choice, and short answer/essay. When used in the LMS environment, true/false and multiple-choice questions are automatically graded, and model responses are provided for short answer and essay questions.

Instructor’s Resource Manual and Test Bank (9780136802136)

The Instructor’s Resource Manual and Test Bank includes an overview of chapter content and related instructional activities for the college classroom and for practice in the field as well as a robust collection of chapter-by-chapter test items.

PowerPoint® Slides (9780136801924)

PowerPoint® slides are provided for each chapter and highlight key concepts and summarize the content of the text to make it more meaningful for students.

Note: All instructor resources—LMS-compatible assessment bank, instructor’s manual, and PowerPoint slides—are available for download at www.pearsonhighered.com. Use one of the following methods:

- From the main page, use the search function to look up the lead author (i.e., Martin) or the title (i.e., *Introduction to Human Services: Through the Eyes of Practice Settings*). Select the desired search result, then access the “Resources” tab to view and download all available resources.
- From the main page, use the search function to look up the ISBN (provided above) of the specific instructor resource you would like to download. When the product page loads, access the “Downloadable Resources” tab.



Acknowledgments

I would like to thank several people who helped make this edition possible. First and foremost, I would like to thank my family and friends—my son Xander, who was only 9 when I started writing the first edition of this book, and who is now 25 and living and thriving in Boulder, Colorado. I'd like to thank my dear friend Gail Watts Burkholder, who helped me more times than I can count through the writing of this edition. I would like to thank my colleagues and students at the California State University, Fullerton for their support and for challenging me to remain up-to-date and consider people and their challenges in new ways, and various faculty and students from other institutions who cared enough to reach out and provide important feedback, particularly about race, diversity, and indigenous issues. I would also like to thank everyone who reviewed this book. This edition is far stronger because of their insights and recommendations. And finally, I would like to thank the editors who provided valuable input for revising this edition, including my developmental editor, Curtis Vickers; Pearson editors, Rebecca Fox-Gieg and Jenifer Niles; and the production team, Vigneshwar Kanagasabapathy and Neha Sharma.



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Introduction to the Human Services Profession

Purpose, Preparation, Practice, and Theoretical Frameworks



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Sara is a bereavement counselor at a hospice agency where she spends about an hour or so per week with clients who have received a terminal diagnosis. Steve, one of Sara's clients, has terminal liver cancer and has approximately 6 months to live. He has been estranged from his adult daughter for 4 years, and Sara is helping him develop a plan for reunification. Sara helps Steve deal with his terminal diagnosis by helping him talk through his feelings about his illness and impending death. Steve talks a lot about his fear of being in pain and his overwhelming regret for many of his life choices. Sara listens, reflects, and reframes where appropriate. She is also helping Steve develop a plan for talking to his family members and saying everything he wants to say before he dies. For instance, during a recent session, Sara helped Steve write a list of what he would like to say to his estranged

LEARNING OUTCOMES

- 1.1 Develop a working definition of human services that identifies key reasons why people may need to use these services
- 1.2 Describe the role of the Council on Standards for Human Service Education (CSHSE) and the National Organization for Human Services (NOHS)
- 1.3 Describe the rationale for the scope and parameters of human services functions and competencies
- 1.4 Apply key theoretical frameworks used in the human services discipline to real scenarios
- 1.5 Explore the human services profession from multicultural and diversity perspectives

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daughter, his ex-wife, and other family members. She is also helping him make important end-of-life decisions, including planning his own funeral. Sara and Steve will continue to meet until his death, and if possible, she will be with him and his family when he passes away.

Gary is an academic counselor at a public middle school, where he meets with sixth- and seventh-graders every Monday to talk about their feelings. The goal for the group is to help the students learn how to develop prosocial behaviors, such as empathy and respect for others. He also helps them learn better ways of expressing their feelings of anger and frustration so they can focus on their academics. Gary also works with students on organizational and time management skills, and helps them develop new learning strategies to help with their academic and social-emotional development. Gary works closely with other school staff, including the administration, as well as community professionals and students' family members.

Lauren works as a case manager in the child welfare division of a county social services agency. Lauren just began working with Chloe, whose three young children were recently removed from her home due to physical abuse and emotional neglect. Lauren has arranged for Chloe to have parenting classes and individual counseling so that she can learn how to better manage her frustrations with her children. Lauren has also arranged to have Chloe admitted to a drug rehabilitation program to address her opioid addiction. Lauren and Chloe meet once a week to talk about her progress. Lauren also monitors Chloe's weekly visitation with her children and provides her with guidance on more positive ways to engage her children. Lauren is required to attend court once per month to update the judge on Chloe's progress on her parenting plan. Successful completion of this plan will enable Chloe to regain custody of her children. Chloe's children have been placed in a relative foster care placement ("kinship care") with their paternal grandmother, and Lauren also monitors their progress. Lauren will continue to work with the family even after the children return home, providing support when needed to prevent another family crisis.

José is currently lobbying several legislators in support of a bill that would increase funding for indigenous health programs. As the social policy advocate for a local grass-roots organization serving several Native American reservations in Arizona, José is responsible for writing position statements and contacting local lawmakers to educate them on the importance of legislation aimed at increasing Native American access to a range of health-related services, both on and off the reservations. José also writes grants for federal, state, and private funding and does outreach in Native American communities to increase awareness about available public health services.

What do all these professionals have in common? They are all working within the interdisciplinary field of human services, each possessing a broad range of generalist skills and having a wide range of responsibilities related to their respective roles in helping people overcome a variety of **social problems**. The National Organization for Human Services (NOHS), a national professional association of human services practitioners and educators, describes the human services profession as an interdisciplinary field that exists to meet the needs of clients through prevention efforts and direct practice, with the goal of significantly improving their lives. Human services professionals are also committed to improving the ways in which services are provided (service delivery systems), as well as improving the quality of those services (Bureau of Labor Statistics, 2011).

WHAT IS THE HUMAN SERVICES PROFESSION?

Learning Outcome 1.1 Develop a working definition of human services that identifies key reasons why people may need to use these services

The *human services* profession is broad, covering a number of careers, all having one thing in common—helping people meet their basic needs that for whatever reason cannot be met without outside assistance. The primary goal of human services is to assist people and communities function at an optimum level across a number of life domains. According to the NOHS, the profession is concerned with improving access to services (often called delivery systems), as well as ensuring accountability for professionals. The profession is also committed to increasing the coordination of providers since interprofessional cooperation improves the effectiveness of services provided (NOHS, n.d.). The human services profession can include a variety of job titles and levels of responsibilities, such as caseworker, program coordinator, outreach counselor, crisis counselor, and victim advocate. However, increasingly those working in the human services fields with a degree in human services are identified as human services providers, workers, practitioners, and generalists.

The human services profession is relatively young, and thus is still developing a professional identity, which includes distinguishing human services from its close “cousin,” social work. Many human services educational programs were developed in the 1970s by social workers, and thus there was considerable overlap with bachelor of social work (BSW) programs (Topuzova, 2006). But in recent years, human services educational programs have become far more distinct with the development of a unique professional identity. With regard to similarities, both human services and social work disciplines are interdisciplinary in nature, and both focus on meeting the needs of marginalized and historically oppressed populations. Both are committed to social justice and advocacy on micro and macro levels. Additionally, both disciplines require students to engage in a field experience, which is perceived as a foundational component of the respective programs’ pedagogy.

With regard to differences, the human services profession is multidisciplinary in nature, including professionals in psychology, counseling, and other mental health fields in further developing the human services profession from a practice perspective. Further, many grass-roots professionals with associate degrees may be included under the umbrella of human services professionals. Many human services programs also tend to be more interdisciplinary in hiring practices, including hiring instructors from a variety of helping fields, whereas social work programs place an emphasis on hiring faculty with social work degrees from Council on Social Work Education (CSWE)-accredited programs (Topuzova, 2006). Social workers also have state licensing requirements to become licensed to practice, whereas currently there are no state licensing requirements for human services graduates. This does not mean that human services professionals can engage in therapy services, but rather that they need to complete graduate educations in social work, psychology, or counseling.

An important question then is, are the differences between human services and other helping professions solely educational ones or are there actual differences in the field that makes human services a distinct discipline? And if the former is true, why did the field of human services evolve at all as a specific discipline? The answers to these questions are complex, and while there remains no prevailing consensus many believe that with regard to social work specifically, human services evolved to fill gaps left by social work’s increasing professionalization. In other words, as the requirements to become a social worker continued to increase, professional social workers tended to move out of paraprofessional and/or grass-roots roles and into more highly trained direct service and administration roles.

Prior to the professionalization of the social work field, anyone who worked with those in need could identify as a social worker. Yet, licensing requirements mean that only professionals who have a BSW or Master of Social Work (MSW) and hold a state license (Licensed Social Worker [LSW] or Licensed Clinical Social Worker [LCSW]) can refer to themselves as social workers. So, what about everyone else? What about those professionals working in homeless or domestic violence shelters, those who are court advocates working with victims of violent crime, or those who manage the cases of recently arrived refugees? Well, if they have completed an associate, baccalaureate, or master's program in human services, we call them *human services professionals, providers, practitioners, or generalists*. Thus, human services professionals fill a very important role in society, and while there is some overlap with social work with regard to the professions' roots, educational philosophies, and professional missions, human services professionals are unique in their scope and in some respects, their focus.

Because of the overlap between human services and social work, I use the title *human services professional, practitioner, provider, or generalist* to refer to all professionals working within the human services fields; however, if I use the term *social worker*, then I am referring to the legal definition and professional distinction of a licensed social worker, indicating either a BSW or MSW level of education. Also, I use the terms *human services* and *human services agency* rather than *social services* and *social service agency*, although these terms tend to be used interchangeably in the professional literature.

Why Is Human Services Needed?

Human services will always be needed because all human beings have basic needs that at times cannot be met without outside assistance. Some basic human needs include the need for food, health care, shelter, and safety. People also have social needs, such as the need for interpersonal connection, love, and community. People have psychological needs as well, such as the need to heal past trauma, or the need to address the psychological ramifications of enduring a disaster, such as a tornado, hurricane, or wildfire. People can get their needs met in a variety of ways. For instance, family, friends, and places of worship can meet many social and psychological needs. Needs related to food, shelter, childcare, housing, and health care can be met through paid employment, assistance from family and friends, and employer-sponsored health care benefits. The path toward meeting many needs is education, which increases access to good jobs and increased consumer awareness.

But sometimes people experience crises that are beyond their ability to manage with their available resources. Examples include a natural disaster or a health care crisis. There are also many people in society who are unable to meet even their most basic needs. Perhaps they do not have a supportive family or have no family at all; they may have no friends or have friends who are either unsupportive or unable to provide assistance. They may have no social support network of any kind—no faith community, no family, no friends, no supportive neighbors. They may lack the skills or education to gain sufficient employment, and thus they may not have health insurance and may live paycheck to paycheck and not have a “rainy day” savings account. Perhaps they've spent the majority of their lives dealing with an abusive and chaotic childhood and are now suffering from the manifestation of that experience in the form of psychological problems and substance abuse, and as a consequence cannot focus on meeting their basic needs until they are able to deal with their childhood psychological trauma. Or perhaps they are older adults and their savings accounts and pensions are exhausted.

Pearson eText

Video Example 1.1

This video highlights the mass devastation of the 2018 Camp Fire in Paradise, California, which wiped out the entire community, killing 85 people and displacing all of its residents. What are some issues a human services professional might deal with when providing counseling to survivors?

<https://www.youtube.com/watch?v=kAGXSLUn9RY>

People who have always had good support systems and have not experienced challenges requiring extensive resources may mistakenly believe that those who cannot meet their most basic needs of shelter, food, health care, and emotional and social needs must be doing something wrong. This belief is often mistaken because numerous barriers exist that prevent some people from meeting their needs. These barriers may or may not be apparent to others, but they do exist, and they often have nothing to do with personal choices. Rather, such barriers are often systemic in nature.

This leads to another reason why human services are needed—the existence of structural and systemic forms of oppression and social injustice that impacts certain populations. For instance, in the United States many people of color, such as members of the Black community, Latinos, and indigenous people, have been targets of racial discrimination, oppression, and marginalization. This disparate treatment has led to intergenerational poverty and a number of other social problems, including higher rates of mental illness, substance abuse, housing insecurity, and unemployment compared to the general population. Intergenerational human rights violations against members of a population have long-term consequences, and human services professionals are often the frontline workers addressing these issues on a micro and macro level.

Essentially, human services agencies come into the picture when people find themselves confronting barriers to getting their basic needs met and their own resources for overcoming these obstacles are insufficient. Some of these barriers include the following:

- Lack of family (or supportive family)
- Lack of a healthy support system of friends
- Mental illness
- Poverty (particularly chronic poverty)
- Marginalization (e.g., due to racial discrimination, gender bias)
- Racism
- Oppression (e.g., racial, gender, age, ability)
- Social inequality (such as policies or laws that unfairly target one population while privileging another)
- Trauma
- Natural disasters
- Lack of education
- Lack of employment skills
- Unemployment/underemployment
- Economic recession
- Physical and/or intellectual disability



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Many people experience challenges that push them beyond their level of self-sufficiency.

How best to help people meet their basic needs and increase their well-being is controversial and various philosophies exist regarding what types of services will truly help those in need. For instance, some people believe that social welfare programs foster dependence and thus should be stigmatized to discourage liberal use. Those who adopt this philosophy are most likely to believe that people cause their own problems and society is not to blame.

However, others believe that structural problems within society, such as **White privilege** and income inequality, are primarily responsible for many of the social problems experienced by marginalized populations, and a solid social safety net that ensures a basic level of services will allow people to function at their optimal level. Those who adopt this philosophy are most likely to believe that while people do make choices, most social problems are caused by inequities on a societal level. The NOHS Ethical Standards for Human Services Professionals' emphasis on social injustice reflects the profession's commitment to the latter position—the belief that many of the social problems people experience that may appear to be of a personal nature, actually exist on a societal level. This is one reason why human services professionals are trained to work on a macro level as well as a micro level, advocating for social change within communities and governments.

The primary goal of human services is to assist people in achieving self-sufficiency and reaching their optimal level of functioning. This means that human services professionals are committed to helping people develop the necessary skills to become self-sufficient and fully functioning (to the best of their ability), personally and within society. Thus, although an agency may subsidize a family's rent for a few months when they are in a crisis, human services professionals will then work with the family members to remove any barriers that may be keeping them from meeting their housing needs in the future. Examples of such barriers are substance abuse disorders, a lack of education or vocational skills, health problems, mental illness, or needing self-advocacy skills necessary for combating prejudice and discrimination in the workplace, to the greatest extent possible.

Human services professionals are committed to working on **micro (individual)** and **mezzo (group) levels** with a broad range of populations, including high-needs and **disenfranchised populations**, as well as members of **historically oppressed and marginalized groups**, providing them with the necessary resources to get their basic needs met. Human services professionals are also committed to working on a **macro (societal) level** to remove barriers to optimal functioning that affect large groups of people. They do this by advocating for oppressed and marginalized populations to have a voice in society, which increases their political and social power within society. For instance, by advocating for changes in laws and various policies, human services professionals, in coordination with other helping professions, have contributed to making great strides in confronting prejudice and discrimination based on race, gender, sexual orientation, socioeconomic status, or any of a number of characterizations that may lead to marginalization within society.

EDUCATIONAL REQUIREMENTS AND PROFESSIONAL STANDARDS FOR THE HELPING PROFESSIONS

Learning Outcome 1.2 Describe the role of the Council on Standards for Human Service Education (CSHSE) and the National Organization for Human Services (NOHS)

The human services field is generalist and interdisciplinary in nature, and thus includes different professions with varying functions, levels of education, and requirements for

Table 1.1 Multiple Discipline Degree Requirements

Degree	Academic Area/Major	License/Credential	Possible Careers
BA/BS	Human Services	BS-BCP	Caseworker, youth worker, residential counselor, behavioral management aide, case management aide, alcohol counselor, adult day care worker, drug abuse counselor, life skills instructor, social service aide, probation officer, child advocate, gerontology aide, juvenile court liaison, group home worker, child abuse worker, crisis intervention counselor, community organizer, social work assistant, psychological aide
BA/BS	Psychology, Sociology	N/A	Same as above, depends on state requirements
BSW	Social Work (program accredited by CSWE)	Licensing (LSW, LCSW) depends on state requirements	Same as above, depends on state requirements
MA/MS 30–60 credit hours	Counseling Psychology	LCP (Licensed Clinical Professional—on graduation); LCPC (Licensed Clinical Professional Counselor—3,000 postgrad supervised hours)	Private practice, some governmental and social service agencies
MSW 60 credit hours	Social Work (program accredited by CSWE)	LSW (on graduation, depending on state); LCSW (Licensed Clinical Social Worker—3,200 postgrad supervised hours)	Private practice, not-for-profit social service agencies, for-profit agencies, governmental agencies (some requiring licensure)
PsyD 120 credit hours	Doctor of Psychology	PSY# (Licensed Clinical Psychologist—~3,500 postgrad supervised hours)	Private practice, many governmental and social service agencies, teaching in some higher education institutions
PhD (Psychology) 120 credit hours	Doctor of Philosophy in Psychology	PSY# (Licensed Clinical Psychologist—3,500 postgrad supervised hours)	Private practice, many governmental and social service agencies, teaching in higher education institutions

state licensure. Understanding the specific requirements for the various careers within the broader human services profession helps human services students better understand the requirements for their careers of interest.

Table 1.1 reflects a very general breakdown of degrees in the helping fields, their corresponding certifications and licenses, as well as commonly associated careers. Some states may have different requirements.

Human Services Educational Standards

The Council for Standards in Human Service Education (CSHSE) was established in 1979 for the purposes of ensuring excellence in human services education at the associate, baccalaureate, and master's levels, through the guidance and direction of educational programs offering degrees specifically in human services. The CSHSE developed a set of research-based national standards for curriculum and subject area

competencies for human services education degree programs at colleges and universities and provides guidance and oversight to educational programs during the accreditation process.

The CSHSE requires that the curriculum in a human services program cover the following standard content areas: *knowledge* of the human services field through the understanding of relevant *theory, skills, and values* of the profession, within the context of the *history* of the profession; the interaction of *human systems*; the range and scope of *human services delivery systems*; *information literacy*; common *program planning and evaluation* methods; appropriate *client interventions and strategies*; the development of students' skills in *interpersonal communication*; *client-related values and attitudes*; and students' *self-development*.

The curriculum must also meet the minimum requirements for *field experience* in a human services agency, as well as illustrate that students are receiving appropriate *supervision* within their field placement sites (CSHSE, 2019). The CSHSE is the only organization that accredits human services educational programs and also offers continuing education opportunities for human services professionals and educators, networking opportunities, an informational website, and various professional publications.

Human Services Professional Certification

In 2010, the CSHSE and the NOHS in collaboration with the Center for Credentialing & Education (CCE) took a significant step toward the continuing professionalization of the human services profession by developing a voluntary professional certification called the Human Services Board Certified Practitioner (HS-BCP). Human services professionals who hold at least an associate degree in human services (or related field) from a regionally accredited college or university and have 350 hours of post-graduate work in the human services field may be qualified to take the HS-BCP exam (pending an evaluation by the CCE).

The implementation of the HS-BCP certification has moved both the discipline and the profession of human services toward increased professional identity and recognition within the broader helping professional fields by verifying human services practitioners' attainment of relevant education and practice knowledge. Credentials are maintained through a recertification process that requires 60 hours of continuing education every 5 years, including 6 hours of ethics (CCE, n.d.).

DUTIES AND FUNCTIONS OF A HUMAN SERVICES PROFESSIONAL

Learning Outcome 1.3 Describe the rationale for the scope and parameters of human services functions and competencies

The NOHS, as the primary professional organization for human services students, educators, and practitioners, provides a range of benefits to members, including opportunities for professional development as well as networking, advocacy of a human services agenda, and the promotion of professional and organizational identity. The NOHS has also

been influential in developing the scope and parameters of human services professional functions and competencies, some of which include the following:

- Understanding the nature of human systems, including individuals, groups, organizations, communities, and society, and how each system interacts with others.
- Understanding conditions that promote or limit optimal functioning of human systems.
- Selecting, implementing, and evaluating intervention strategies that promote growth and optimal functioning, and that are consistent with the values of the practitioner, client, agency, and human services profession.
- Developing process skills that enable human services professionals to plan and implement services, including the development of verbal and oral communication skills, interpersonal relationship skills, self-discipline, and time management skills.

The reason why these competencies are so important is because in the human services profession the human services practitioner is the primary tool used to effect change in people's lives. Thus, to be effective, they must develop a comprehensive and **generalist skill set** that enables them to work with a wide range of clients, with diverse backgrounds, many of whom are experiencing a wide range of challenges, within varying contexts. For instance, imagine that you have a 40-year-old White mother of two young girls as a client. She has recently left a violent relationship and is currently residing in a transitional housing shelter. Now imagine that you have another client who is a 75-year-old Black veteran with an alcohol addiction who is grieving the recent death of his wife. And finally, imagine that you have a client who is a young Native American teen who was living in foster care and recently ran away from home and is now living on the streets, hasn't attended school in weeks, and is refusing to return home.

Each of these cases will require that you develop the ability to understand and assess these clients through the lenses of their generational cohort, gender, race and ethnicity, socioeconomic status, the systems within which each client is operating (e.g., educational, legal, family, vocational), and how each system interacts with the others. You will also need to develop an understanding of and ability to assess conditions that support or limit functioning, such as histories of trauma and abuse, mental and physical health status, educational and employment backgrounds, prior losses, coping styles, and available resources. You will need to become familiar with a range of intervention strategies, including the ability to evaluate what interventions would be appropriate for each client, and then learn how to engage in an ongoing evaluation of the selected interventions' effectiveness.

Finally, you will need some additional skills to pull all this off, such as good interpersonal skills that enable you to connect with clients who are likely very different from you, who may be resistant to change, or who are emotionally guarded. You will also need to have excellent writing skills so you can succinctly write process notes and enter them on your agency's electronic records system using your excellent technical skills. Whew! If you can accomplish all of this, you'll be a true generalist human services professional!

Of course, you won't be flying by the seat of your pants and making things up as you go. Rather, you will have access to a set of guiding principles, also called *theoretical orientations*, to guide your decision making and interactions with clients and client systems. The human services discipline is built on theoretical foundations that reflect the values of the profession. Understanding the underlying assumptions of any theoretical

framework is important because such assumptions guide practice decisions about the people we work with and society as a whole. For instance, theoretical orientations and frameworks (also called *theoretical models*) make assumptions about human nature and what motivates people to behave in certain ways under certain conditions.

We rely on theories every day when coming to conclusions about people and events, and why people behave as they do. So if you have ever expressed an opinion about why people don't work (they are lazy, or they don't have sufficient opportunities), or why some people commit crimes (they are evil, or they are socialized during a bad childhood), you are espousing a theory and may not even realize it!

THEORETICAL FRAMEWORKS AND APPROACHES USED IN HUMAN SERVICES

Learning Outcome 1.4 Apply key theoretical frameworks used in the human services discipline to real scenarios

Theoretical frameworks can serve as the foundational underpinnings of a profession, reflecting its overarching values and guiding principles (such as human services' commitment to social justice and a belief in a person's natural capacity for growth). They can also extend into the clinical realm by outlining the most effective ways to help people become emotionally healthy based on some presumptions about what caused them to become emotionally unhealthy in the first place. For instance, if a practitioner embraces a psychoanalytic perspective that holds to the assumption that early childhood experiences influence adult motivation to behave in certain ways, then counseling sessions will likely focus on the client's childhood. But if the practitioner embraces a cognitive behavioral approach, which focuses on behavioral reinforcements and thinking patterns, then the focus of counseling will likely be on how the client frames and interprets their life experiences.

All of this information about theoretical frameworks and approaches raises the question of what theories tend to be used the most in the human services discipline—both as theoretical foundations (or underpinnings) for the profession, as well as those that guide practice. When considering the various theories of human behavior and social dynamics, it is important to note that theories can be either descriptive (e.g., describing a range of child behaviors), or prescriptive (e.g., determining which behaviors in children are normative and healthy, and which ones are not). A theory may begin by merely describing certain phenomena related to how people think, feel, and behave, but in time, as the theory develops, it may become more prescriptive in the sense that certain determinations are made by the theorists with regard to what is normative and healthy versus what is maladaptive.

It is also important to remember that culture and history often affect what is considered normative thinking and behavior. For instance, 100 years ago if a woman chose to remain single and not have children so she could focus on her career goals, she likely would have been considered mentally ill. A common criticism of the major theories of human behavior is that they are based on Western cultural values, and thus the behaviors deemed normative and healthy are often culturally prescribed and not necessarily representative or reflective of non-Western cultures. For instance, is it appropriate to apply Freud's psychoanalytic theory of human behavior, which was developed from his work

with high-society women in the Victorian era, to individuals of a Masai tribe in Kenya? What about using a Western-based theory of parenting with parents from an indigenous culture in South America?

Theories of human behavior used in the human services must reflect the values and guiding principles of the profession and also the range of human experiences, which supports the evaluation and assessment of clients *in context*. Important areas of context include personal characteristics, such as age, race and ethnicity, national origin, sexual orientation, gender and gender identity, geographical region, health status, socioeconomic status, and religion. Context involving social characteristics is important as well, such as the economy, political culture, various laws, the educational system, the health care system, racial oppression, privilege, gender bias, and any other broader social dynamic that may have an impact (even a distant one) on an individual's life.

The theoretical frameworks and approaches most commonly used within the human services discipline evaluate and assess clients in the context of their various personal and environmental systems, while also considering the transactional relationship between clients and their various systems. Consider this case example:

A woman in her 40s is feeling rather depressed. She spends her first counseling session describing a fear that her children will be killed. She explains how she is so afraid of bullets coming through her walls and windows that she doesn't allow her children to watch television in the living room. She never allows her children to play outside and worries constantly when they are at school. She admits that she has not slept well in weeks, and she has difficulty feeling anything other than sadness and despair.

Would you consider this woman mentally ill? Paranoid, perhaps? Correctly assessing her mental state does not depend solely on her thinking patterns and behavior, but on the *context* of her thinking and behavioral patterns, including her various experiences within her environment. If this woman lived in an extremely safe, gate-guarded community where no crimes had been reported in decades, then an assessment of some form of paranoia might be appropriate. But what if she lived in a high-crime neighborhood, where "drive-by" shootings were a daily occurrence? What if you learned that her neighbor's children were recently shot and killed while watching television in their living room? What about her economic level, the relationship between her, her neighborhood, and local law enforcement? What about the relationship between her children and their school? Her thinking and behavioral patterns do not seem as bizarre when considered within the context of the various systems in which she is operating; rather, it appears as though she is responding and adapting to her various social systems in quite adaptive ways!

Theoretical Frameworks Based on General Systems Theory

General systems theory is a foundational framework used in the human services discipline because it reflects these systemic interactions. General systems theory is based on the premise that various elements in an environment interact with one another, and that this interaction (or transaction) has an impact on all elements or components involved. This presumption has certain implications for the hard sciences such as ecology and physics, but when applied to the social environment, its implications involve the dynamic and interactive relationship between environmental elements (such as one's family, friends,

neighborhood, and gender, as well as broader social elements, such as religion, culture, one's ethnic background, politics, and the economy) and an individual's thoughts, attitudes, beliefs, and behavior.

The systems within which we operate influence not just our thoughts, attitudes, beliefs, and behaviors, but our sense of identity as well. Consider how you might respond if someone asked you who you were. You might describe yourself as a female college student who is married, who has two high school-aged children, and who attends church on a regular basis. You might further describe yourself as an active online blogger from a second-generation Italian Catholic family who loves to run. On further questioning you might explain that your parents are older, and you have been attempting to help them find alternate housing that can assist them with their extensive medical needs. You might describe the current problems you're having with your teenage daughter, who was recently caught with drugs by her high school's police officer and has been referred to drug court.

Whether you realize it or not, you have shared that you are interacting with the following environmental and social systems: family, friends, neighborhood, social media, Italian American culture, Catholicism, gender, marriage, adolescence, the sports community, the medical community, the school system, and the criminal justice system. Your interactions with each of these systems is influenced by your expectations of these systems and their expectations of you. For instance, what are your expectations of your college professors? Your family? The Catholic Church? And what about what is expected of you as a college student? What is expected of you as a woman? As a wife? As a Catholic? What about the expectations of you as a married woman who is Catholic? What about the expectations of your family within the Italian American Catholic community? As you attempt to focus on your academic studies, do these various systems offer support or added pressure? If you went to counseling, would it be helpful for the practitioner to understand what it means to be a member of a large, Catholic, Italian American family? Would it be helpful for your therapist to understand what it means to be in college when married with teen daughters and aging parents?

The focus on the transactional exchanges between individuals and their social environment is what distinguishes the field of human services from other fields such as psychology and psychiatry (which tend to take a more intrinsic view of clients), although recently systems theory has gained increasing attention in these disciplines as well. Several theoretical frameworks and approaches have evolved in the last several decades that are based on general systems theory and thus capture this reciprocal relationship between individuals and their social environment and broader social systems, including Bronfenbrenner's ecological systems theory, the ecosystems perspective, and a practice orientation called the person-in-environment approach.

Urie Bronfenbrenner (1979) developed the ecological systems theory, which conceptualizes an individual's environment as four expanding spheres, each with increasing levels of interaction with the individual. The **microsystem** includes one's family, the **mesosystem** (or mezzosystem) includes elements such as one's neighborhood and school, the **exosystem** includes elements such as the government, and the **macrosystem** includes elements such as one's broader culture. The primary principle of Bronfenbrenner's theory is that individuals can best be understood when evaluated in the context of their relationships with the various systems in their lives, and understanding the nature of these reciprocal relationships will aid in understanding the individual holistically.



Pearson eText

Video Example 1.2

In this video a human services provider is facilitating a support group and using the person-in-environment approach. How does this approach shift the perspective of the human services provider?

Similar to Bronfenbrenner's theory is the ecosystems theory, which conceptualizes an individual's various environmental systems as overlapping concentric circles, indicating the reciprocal exchange between a person and various environmental systems. Although there is no official recognition of varying levels of systems in ecosystems theory (from micro to macro), the basic concept is very similar to Bronfenbrenner's theory (see Figure 1.1) (Meyer, 1988).

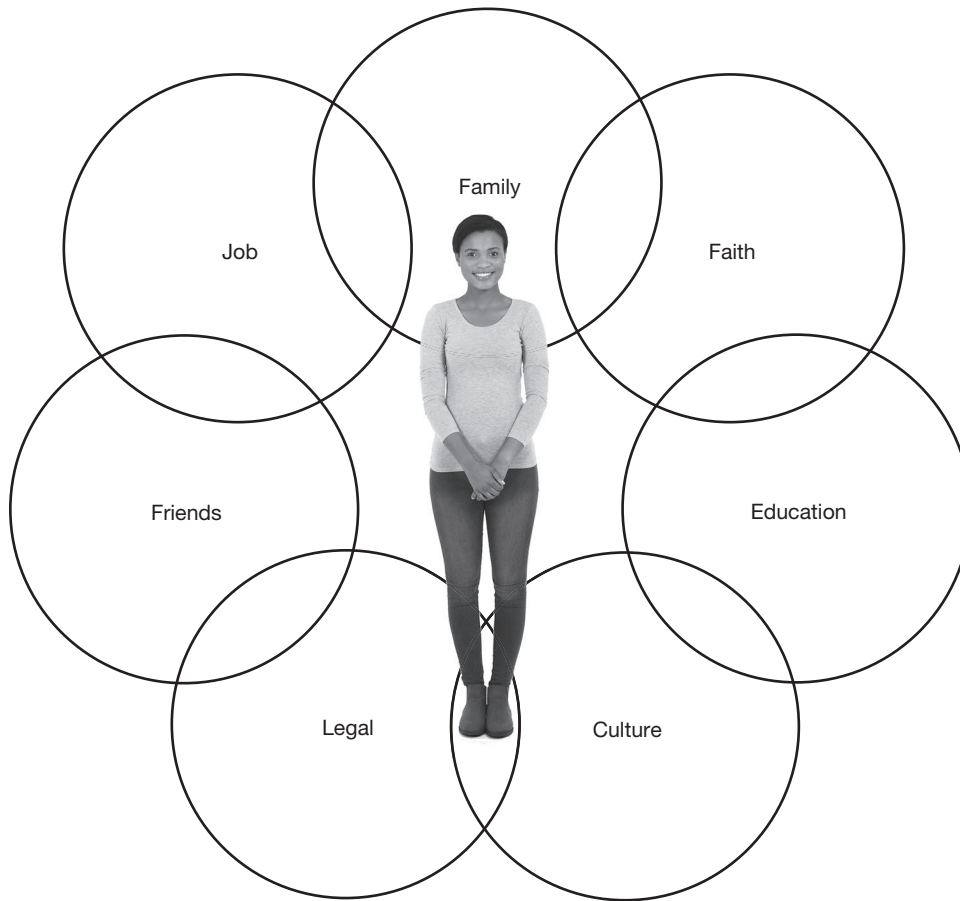


Figure 1.1
Person-in-Environment Model.

The person-in-environment (PIE) approach is often used as a basic orientation in practice because it encourages practitioners to evaluate individuals within the context of their environment. Clients are evaluated on a micro level (i.e., intra- and interpersonal relationships and family dynamics) and on a macro (or societal) level (i.e., the client is a Black male youth who experiences significant cultural and racial oppression). It is important to note that these theories do not presume that individuals are necessarily aware of the various systems they operate within, even if they are actively interacting with them. In fact, effective human services professionals will help their clients increase their personal awareness of the existence of these systems and how they are currently operating within them (i.e., the nature of reciprocity). It is through this awareness that clients increase their level of empowerment within their environment and consequently in all aspects of their life.



Pearson eText

Video Example 1.3

In this video, a human services provider uses a strength-based approach to reframe a client's negative self-perceptions. How might the human services provider's focus on resilience shift the perspective of the client?

Self-Actualization and Strengths-Based Frameworks

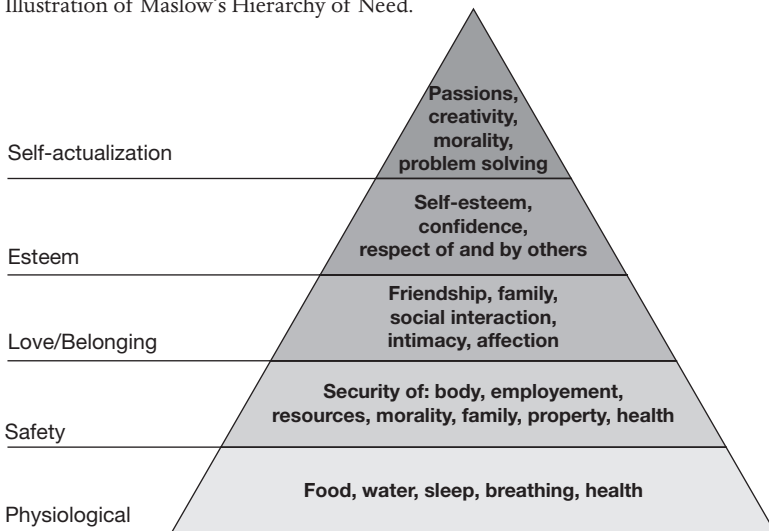
Other theories that can help human services professionals better understand why people behave as they do come from the positive psychology movement, which focuses on people's strengths rather than viewing people from a pathological perspective. Abraham Maslow (1954) developed a theoretical model focusing on needs motivation, theorizing that people self-actualize naturally, but are motivated to get their most basic physiological needs met first (e.g., food and oxygen) before they are motivated to meet their higher-level needs.

According to Maslow, most people would find it difficult to focus on higher-level needs related to self-esteem if they were starving or had no place to sleep at night. Maslow's theory suggests that thoughts of self-esteem and self-actualization quickly take a back seat to worries about mere survival. Maslow's Hierarchy of Needs theory can assist human services professionals in recognizing a client's need to prioritize more pressing needs over others and can also explain why clients in crisis may appear to resist attempts to help them gain insight into their situations, choosing instead to focus on more basic needs. Many people were criticized during the 2020 global COVID-19 pandemic for hoarding toilet paper despite no reports of disruptions in the toilet paper supply chain, resulting in shortages lasting for months. And yet, evaluated through the lens of Maslow's Hierarchy of Needs theory, this seemingly irrational behavior may make sense since toilet paper is a very basic need for many Americans and hoarding it may have been reflective of people's fears that the pandemic would prohibit them from getting their basic needs met.

The strengths perspective is another theoretical approach commonly used in the human services field because it encourages the practitioner to recognize and promote a client's strengths rather than focusing on their deficits. The strengths perspective also presumes a client's ability to solve their own problems through the development of self-sufficiency skills and self-determination. Although there are several contributors to the strengths perspective approach, Dennis Saleebey, a social work professor at the University of Chicago, is often attributed with the development of the strengths-based perspective in social work practice. Saleebey (1996) developed several guiding principles for practitioners that promote client empowerment, including recognizing that all clients

Figure 1.2

Illustration of Maslow's Hierarchy of Need.



1. have resources available to them, both within themselves and their communities;
2. are members of the community and as such are entitled to respect and dignity;
3. are resilient by nature and have the potential to grow and heal in the face of crisis and adversity;
4. need to be in relationships with others in order to self-actualize; and
5. have the right to their own perception of their problems, even if this perception isn't held by the practitioner.

Sullivan (1992) was one of the first theorists to apply a strengths-based approach to practice with clients experiencing chronic mental illness, where practitioners encouraged clients to recognize and develop their own personal strengths and abilities. This was a revolutionary approach since the prevailing approach to working with the chronically mentally ill population was based on a medical model where clients are viewed as sick and in need of a cure. Sullivan asserted that by redefining the problem and focusing on a clients' existing strengths and abilities rather than on their deficits, treatment goals were more consistent with the goals of early mental health reformers who sought to remove treatment barriers by promoting respectful, compassionate, and comprehensive care of the mentally ill.

In the human services field, using strengths-based approaches is empowering for the practitioner and clients because we aren't coming into their lives presuming that they are sick and we are the experts. Rather, we spend as much time looking for strengths as we do problems. Strengths-based approaches also enable us to partner with our clients in a way that encourages them to take more ownership over their journey toward increased self-sufficiency and more optimal functioning.

MULTICULTURAL AND DIVERSITY PERSPECTIVES

Learning Outcome 1.5 Explore the human services profession from multicultural and diversity perspectives

The United States is racially diverse, particularly in the more highly populated cities in the country, such as New York, Chicago, and Los Angeles. Such diversity offers many advantages, particularly in the areas of an interesting blend of cultural activities and food. But racial diversity can also lead to conflict, oppression, marginalization, and social injustice, particularly when various cultural traditions conflict with or are misunderstood by the majority culture. Research on why so many White working-class men voted for Donald Trump for president in 2016, when many had previously identified as Democrats, found that many expressed concerns about increasing multiculturalism and they worried that they were losing their place in the social hierarchy—a phenomenon called *cultural backlash* (Cox et al. 2017; Inglehart & Norris, 2016).

Multicultural human services practice emphasizes the importance of seeing people and communities as having unique cultures, ideologies, worldviews, and life experiences (Sue et al. 2015). Human services practitioners understand the unique experiences of their clients and the communities within which they live, particularly clients who are members of historically marginalized groups. From an educational perspective, multicultural human services focuses on cross-cultural training, cultural competence, cultural sensitivity, and ethnic relations, including teaching about the nature and impact of White privilege (Akintayo et al. 2018).

But, why do we need to use a multicultural lens? Aren't we all human? Aren't we all "one"? I mean, shouldn't we be striving to be "color blind" and equal? The "we're all members of the human race" and the "I don't see color" narratives may sound good on the surface, but they're actually quite dangerous because they negate the histories of oppression, discrimination, and disenfranchisement of many groups of people in the United States. These narratives are also often based on the premise that everyone in the country has an equal chance for success. The reality is that we do not have a 'level playing

field’ in the United States. Some subpopulations—racial and ethnic minorities; indigenous people; religious minorities; immigrants; sexual minorities; women, particularly women of color; people with physical and intellectual disabilities; and other disadvantaged populations—have a long history of disparate treatment. Some examples include overt and covert racial discrimination, gender bias, ageism, ableism, disparate criminal justice laws, forced displacement, and environmental injustice.

I have integrated multicultural perspectives and theories throughout this book, using them as lenses to explore the roles and functions of human services professionals and the clients they serve. I’ve also included special sections within each chapter to highlight and more deeply explore social problems and the populations they impact, such as how White privilege (individual and systemic) has impacted diverse populations, or how people of color have figured prominently among leaders in the fight for social justice, reflecting the resiliency and strength of various marginalized populations. I do both — infuse and highlight content—as a way of calling attention to historic and current systemic injustice and the impact these injustices have on diverse populations. My goal is also to highlight the resiliency and many other strengths of historically marginalized people who have far too often been portrayed solely from a deficit perspective.

A WORD ABOUT TERMINOLOGY

Word are important because they reflect meaning and intent. For this reason, I have taken a lot of care in the selection of terminology used in this book. For instance, when selecting labels to describe various populations, I have deferred to the preferences of the populations themselves. When exploring lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) issues, I’ve used terminology recommended in GLAAD’s Media Reference Guide (GLAAD, 2016). I’ve also consulted surveys of target populations to ensure I am using their preferred terminology, such as a recent poll that found that only 2% of the U.S. Hispanic population preferred the term *Latinx* (ThinkNow, 2020). Thus, despite the popularity of this label in academic circles, based on the growing controversy surrounding its use, I will be using either *Hispanic* or *Latina/o* depending on use and context.

I use the term *people of color* when my goal is to use inclusive language in reference to a broad range of racial and ethnic minority populations, but I use more specific terminology when I am referring to a particular group. Throughout the book I use the term *Black* rather than African American in response to the longtime push by Black scholars and advocates (Tharps, 2014). Additionally, I am following the lead of the Brookings Institution and capitalizing the “B” in Black as an act of racial respect in response to centuries of White Americans refusing to capitalize any reference to the Black population out of sense of superiority (Lanham & Liu, 2019).

When referencing indigenous populations, I use the most specific terminology possible. I use the term *Native American* in reference to broader indigenous populations in the continental United States, *Alaska Natives* when referencing indigenous populations in the state of Alaska, and *Native Hawaiian and/or other Pacific Islanders* when referencing indigenous populations in Hawaii, Tonga, the Marshall Islands, and Fiji.

Words and terminology are important and meaningful. They can be used to bring people together or divide them. My goal is to be specific and inclusive in my choice of

words, respecting the wishes of the populations I am writing about, if there is a consensus and an authoritative reference. Despite my thoughtful approach though, there is bound to be some controversy surrounding the words I and other authors use to describe people, communities, and movements, particularly when so many of the people being written about in books like this one have been subject to labels specifically designed to harm them for so many years. It is important to me that the readers of this book know that I have invested time and energy in being respectful in my choice of words, and yet, if I get it wrong, please reach out and let me know.

CONCLUSION

The human services profession is generalist, meaning that we work with a wide range of people experiencing a wide range of challenges. Human services professionals practice in numerous settings, such as schools, hospitals, advocacy organizations, faith-based agencies, government agencies, hospices, prisons, and police departments, as well as in private practice if they have advanced degrees and an appropriate professional license. The nature of human services interventions is wholly dependent on the specific practice setting delivering the services. In other words, intervention strategies and approaches are contextually driven. For instance, let's assume you work with children in a school setting and your colleague works with children in a hospice setting. Certainly, there will be some similarities, particularly if the children are in a similar age range, but for the most part your jobs will be quite different, utilizing different skill sets and intervention strategies to deal with significantly different psychosocial issues.

It would be difficult to present an exhaustive list of practice settings due to the broad and often very general nature of the human services profession. Sometimes practice settings target specific social issues (i.e., domestic violence, homelessness, child abuse), and sometimes a specific target population is the focus (i.e., older adults, the chronically mentally ill), and sometimes practice settings may target a specific area of specialty (i.e., grief and loss, marriage and family). Regardless of how we choose to categorize the various fields within human services, it is imperative that this career be examined and explored contextually in order to accurately explore the nature of the work performed by human services professionals, the range of psychosocial issues experienced among various client populations, and the career opportunities available to human services professionals, within each practice setting.

For the purposes of this book, the roles, skills, and functions of human services professionals are explored in the context of particular practice settings, as well as areas of specialization within the generalist human services field—general enough to cover as many functions and settings as possible within the field of human services, but narrow enough to be descriptively meaningful. The role of the human services professional is examined by exploring the history of the practice setting, the range of clients served, the psychosocial issues most commonly encountered, the modes of service delivery, the nature of case management, the level of practice (e.g., micro, mezzo, or macro), and the most common generalist intervention strategies used within a particular area. The practice settings explored in this book are child and youth services; aging; mental health; housing; health care and hospice; schools; faith-based agencies and spirituality; violence, victim advocacy, and corrections; and international practice.

SUMMARY

- A working definition of the human services professional is developed that identifies key reasons why people may need to use a human services professional. The nature of the human services profession was explored, providing comparisons and distinctive aspects of the human services profession compared to other helping fields. A range of social problems and individual challenges that may lead to people needing the services of a human services professional is explored. The nature of vulnerability and how social conditions often render some populations more at risk of needing assistance to overcome various challenges are also explored.
- The role of the Council on Standards for Human Service Education (CSHSE) and the National Organization for Human Services (NOHS) is described. The function and purpose of the professional organizations that monitor and support the human services profession, including educational standards, state licensure, and professional certification, are also explored.
- The rationale for the scope and parameters of human services professional functions and competencies is described. The roles, functions, and scope of human services professionals engaging in practice on micro and macro levels are described.
- Key theoretical frameworks used in the human services discipline to real scenarios are applied. The foundational theoretical approaches most often used in the human services discipline, including systems theory, self-actualizing, and strengths-based approaches, are explored.
- An introduction to multicultural and diversity perspectives is provided with a particular focus on the importance of multicultural training and education related to cultural competence, cultural sensitivity, and ethnic relations, including teaching about the nature and impact of White privilege.
- Clarification on terminology used in the book provides an important basis for understanding the importance of words and labels, particularly when they apply to at-risk populations that have been subjected to historic and current marginalization and oppression. Identifying the rationale for terminology used in the book reflects efforts taken by the author to be sensitive to and help diminish the stigmatization associated with certain populations and social problems.

END-OF-CHAPTER QUESTIONS

1. What are some of the unique characteristics of the human services profession compared to other helping professions?
2. Why is it important for human services providers to use a strengths-based framework or approach when working with clients?
3. Why is using a “multicultural lens” when evaluating clients and their situations so important?
4. Why is it important to use respectful terminology and labels when describing at-risk populations?

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LEARNING OUTCOMES

- 2.1 Analyze how England's historic system of poor care influenced the development of social welfare policies in the United States
- 2.2 Compare and contrast key movements and influences in poor care and social reform in early America
- 2.3 Describe ways that the New Deal and Great Society programs alleviated poverty after the Great Depression
- 2.4 Identify key debates surrounding public assistance goals, benefits, and eligibility requirements
- 2.5 Examine the impact of the 2016 presidential election on U.S. social welfare policy and programs

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The History and Evolution of Social Welfare Policy



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Ida B. Wells was born a slave on July 16, 1862 in Holly Springs, Mississippi. The Emancipation Proclamation was signed 6 months later, ending slavery but not the racist system that allowed the legalized ownership and exploitation of Black people. When Wells was 16, she went to visit her grandmother and while there, she received news that her parents and baby brother had died of yellow fever. She dropped out of school and got a job as a teacher, lying to the school and saying she was 18, so she could care for her siblings. When she was 20, she moved with her siblings to Memphis, Tennessee to live with her aunt, and got a job as a teacher at an all-Black school just out of town.

Wells had experienced a tremendous amount of racism throughout her life, and when she was in her early 20s, she began to fight back. For instance, in 1883, when she was about 20 years old,

she was riding on a train in a rear, first-class car reserved for women. When the White train conductor came by to collect tickets, he told her he couldn't accept hers because she was in the car that was reserved for White women. He told her she needed to move to the front car, but Wells refused, stating that she had a ticket for the first-class car and therefore she would not be forced to move. Wells later stated that the front coach cars were "rougher," filled with men who were drinking and smoking, and she did not believe it was an appropriate environment for a lady. When Wells refused to move, the conductor attempted to drag her out of her seat, but Wells fought back, holding onto her seat and using her feet as leverage. The conductor was then assisted by two other White men, who successfully and violently tore Wells from her seat and dragged her out of the car, to the applause of the other White passengers. She refused to stay in the front car, though, because of the smoke and drunken men, so she got off at the next station with a torn dress.

Because of an 1881 court case that required public transportation to reserve first-class accommodations for Black women wishing to ride in first-class accommodations, Wells sued the train company for violating the equal accommodation statute. Despite her first attorney being paid off by the train company, she ultimately won her case along with a \$500 award for damages. But the train company, knowing that Wells' suit was about far more than a train car, appealed to the Tennessee Supreme Court. They knew that if Wells' suit was allowed to stand, public transportation companies would be forced to either integrate passengers or offer first class accommodations to Black customers, as the local statute required. The Tennessee Supreme Court not only overturned the lower court's decision but ruled that the co-ed coach smoking car was "identical" to the first-class nonsmoking women's car and also attacked Wells' character, stating that her sole intent was to harass the train car company. She was forced to pay back the \$500, and also pay \$200 in court fees. Wells was devastated by the court's decision but vowed to continue fighting for civil rights.

A few years later, she became co-owner of a Memphis newspaper where she wrote about civil rights issues impacting the Black community. When she wrote an editorial criticizing the poor educational system for Black students, she was fired from her teacher job. When she wrote about the increase in extrajudicial lynching of Black men, particularly Black men who dated White women and politically active Black men, the White community in Memphis became enraged and went to her newspaper office to lynch her; when they were unable to find her, they burned the building down instead. She was in Chicago at the time, so was safe, but White community leaders warned her never to return to Memphis. She ultimately moved to Chicago, where she continued her advocacy work against the lynching of Black men. She also helped found the National Association for the Advancement of Colored People (NAACP) and fought for women's right to vote during the suffrage movement, despite White suffragettes often rejecting her efforts. Wells fought many more battles before her death at 68 years of age, including fighting against films that depicted the Black community in a negative light, for the right of Black people to vote, and for equal access and against segregation in all aspects of civil society (Wells, 2020).

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THE ROOTS OF THE AMERICAN SOCIAL WELFARE SYSTEM: POOR CARE IN ENGLAND

Learning Outcome 2.1 Analyze how England's historic system of poor care influenced the development of social welfare policies in the United States

Helping others in need can be traced back to ancient times, but the human services profession in its current context has historic roots dating back to at least the late 1800s. Human services practice is highly influenced by social welfare policy, which is why this chapter is placed so early in the book. The goal of this chapter is to help readers better understand the interconnected nature of social problems and policy responses and how political ideology and prevailing attitudes toward those in need influence how social problems are understood and why certain policy responses are selected over other possible options.

Human services practitioners are most effective when they have social and cultural understanding of what drives certain ideologies and attitudes toward those in need, particularly if the populations being served are historically marginalized due to their race, ethnicity, gender, age, nationality status and immigration status, and other marginalizing characteristics. Current trends in and attitudes about social welfare policy, such as why some people are poor and how society should respond, do not exist in a vacuum; they have roots. Thus, a general understanding of the ideological roots of current social problems and social welfare policy responses is essential to any practicing human services professional, even those with no intention of engaging in policy practice.

Social welfare policy practice is supposed to be evidence based, objective, and free of ideological bias. What this means is that if, as a society, we want to end homelessness, we would conduct empirical research on the causes of housing insecurity and what remedies are likely to be the most successful at reducing homelessness. And yet, significant evidence exists indicating that both historic and current social policy practices are very much interwoven with moral and religious philosophy, reflecting the cultural and social values of the times (Malka et al., 2011; Martin, 2012).

Essentially, social welfare policies, particularly those addressing the well-being and protection of at-risk and marginalized populations, are often driven by dominant ideologies, including religious and societal moral belief systems. The problem is that many of these dominant ideologies are based on negative stereotypes of people struggling with poverty, people of color, sexual minorities, women, and other populations at increased risk for a range of social problems. They are also rooted in belief systems based on social hierarchies, most often involving White privilege (see Box 2.1).

Some of the dominant ideologies that influence social welfare policy include those that perceive the poor as lazy, thus responsible for their economic struggles (Martin, 2012), patriarchal ideologies that presume women who dress scantily are asking to be sexually assaulted (also called rape myth) (Burt, 1980; Calhoun et al., 1976; LeMaire et al., 2016) and anti-immigrant policies that characterize all immigrants as lazy and criminals (Donovan & Redlawsk, 2018). Dominant ideologies that play on the historic stereotypes of certain populations, such as racism, sexism, classism, and xenophobia, are antithetical to the ethical and foundational values of the human services profession. As we explore the history of social welfare policy, first in England and then in the United States, policies

Box 2-1

White privilege is a social phenomenon where Caucasian members of society enjoy a distinct advantage over members of other ethnic groups. White privilege is defined as the institutionalized unearned advantage and associated power of being White in a racially stratified society (Pinterits et al., 2009). It is something that most Caucasians do not necessarily acknowledge, leading many Caucasians to take personal credit for whatever they gain through White privilege (McIntosh, 2007; Neville et al., 2001). Unfortunately, this also means that many Caucasians may blame those from non-Caucasian groups for not being as successful as they are. Yet, due to various forms of racial

discrimination, it has typically been White men who have benefited most from White privilege—historically gaining access into the best educational systems (or being the only ones to obtain an education at all), the best jobs, and the best neighborhoods. Although there have been many advances made by racial groups and women in recent years, even if White privilege were to be completely eradicated today, the cumulative benefit of years of advantage enjoyed by White men would continue well into the future. Similarly, the negative consequences of years of **social exclusion** will continue to negatively impact diverse groups who have not benefited from White privilege.

and policy stances that are based on these harmful ideologies will become clear. In later chapters I will explore ways that human services professionals can advocate against ideologically driven policies that foster disparate treatment and increase marginalization, particularly of historically disenfranchised populations.

POOR CARE IN EUROPE

The Feudal System of the Middle Ages

A good place to begin this examination is the Middle Ages, from about the 11th to the 15th centuries, where a sociopolitical system called **feudalism** prevailed as England's primary method of caring for the poor. Under this elitist system, privileged and wealthy landowners would parcel off small sections of their land, which would then be worked by peasants (also called serfs). Many policy experts consider feudalism a governmentally imposed form of slavery or servitude because individuals became serfs through economic discrimination (Trattner, 2007).

Serfs were commonly born into serfdom with little hope of ever escaping, and as such they were considered the legal property of their landowner, or what was commonly called, a lord. Although lords were required to provide for the care and support of serfs in exchange for farming their land, lords had complete control over their serfs and could sell them or give them away as they deemed fit (Stephenson, 1943; Trattner, 2007). Despite the seeming harshness of this system, it did provide insurance against many of the social hazards associated with being poor, a social condition considered an inescapable part of life, particularly for the lower classes. Many economic and environmental conditions led to the eventual decline of the feudal system from the mid-14th century through its legal abolition in 1660. Some of these conditions included several natural disasters that resulted in massive crop failures, the bubonic plague (also called Black Death), various political dynamics, social unrest, and urbanization due to the development of trade and towns.

Officially, poor relief during the Middle Ages was the responsibility of the Catholic Church, primarily facilitated through the monasteries and local parishes. Catholic Bishops administered poor care through the support of mandatory taxes or compulsory tithing. Poverty was not seen as a sin, and, in fact, the poor were perceived as a necessary component of society, in that they gave the rich an opportunity to show their grace and goodwill through the giving of alms to the less fortunate. Thus, caring for the poor was perceived as a noble duty that rested on the shoulders of all those who were able-bodied. Almost in the same way that evil was required to highlight good, according to biblical scripture and Catholic theology, poverty was likewise necessary to highlight charity and goodwill as required by God (Duncan & Moore, 2003; Trattner, 2007).

Poor Laws of England: 1350 to 1550

Many economic and environmental conditions led to the eventual phasing out of the feudal system between 1350 and 1550, including health and natural disasters (such as the bubonic plague and massive crop failures). Increased demand for factory wage labor in the cities led to droves of people moving to growing cities to work in factories. Mass urbanization led to freedom from serfdom for the poorest members of English society, but it also generated a vacuum in how poverty was managed, creating the necessity for the development of England's earliest poor laws (Trattner, 2007).

These gradual shifts in how poverty was managed also led to a shift in how poverty was perceived. During the Middle Ages, poverty was seen as an inescapable condition people were born into. People were either lords or serfs, rich or poor. But after the dismantling of the feudal system, when people were migrating to the cities, the poor were often nameless, faceless strangers living in the city slums or on the streets. They were often from different countries and spoke different languages, ate odd foods, and behaved in very different manners than traditional English societal norms. Thus, it became easier to blame the poor for their lot in life (Martin, 2012; Trattner, 2007).

The increasingly impersonal nature of caring for the poor, as well as the complexities of life in cities, ultimately led to the incorporation of punitive measures into poor relief policy to control begging and vagrancy, and decrease crime in the cities. Also, during this time period about one-third of the English population was poor, prompting the need for a complete overhaul of the social welfare system (Trattner, 2007). England responded to these changing dynamics and the associated problems by passing several relief laws, called *Tudor Poor Laws*, between the mid-1500s and 1601. Tudor Poor Laws placed responsibility for dealing with the poor at the local level and reflected a complete intolerance of idleness. Local police scoured the cities in search of beggars and vagrants, and once found, a determination was made between those who could not work—the **worthy poor**, and those who were able-bodied but refused to work—the **unworthy poor** (Beier, 2003).

Legislative guidelines typically stipulated that only pregnant women, individuals who were extremely ill, or any person over the age of 60 were considered justifiably poor; thus, they were treated more leniently, including receiving government authorization to beg (typically in the form of a letter of authorization). In some cases, the poor were given other forms of sustenance in addition to authorized begging, such as food and medicine. But, if an able-bodied person was found to be unemployed, they were considered vagrant and were punished in a variety of harsh ways, including whippings, being paraded through the streets naked, being returned to the town of their birth, or incarceration. Repeat offenders were often subjected to having an ear cut off or were even put to death (Chambliss, 2017; Trattner, 2007).

Clearly, there was no sympathy to be had for individuals, male or female, who were deemed capable of working but found themselves without a job or any means of support. Additionally, little consideration was given to social or economic dynamics or what is now referred to as the **cycle of poverty**. What's even more surprising is that little sympathy was extended even to children, particularly adolescents who were unparented and found begging in the streets. In fact, district officials often took these children into custody, placing them into apprenticeship programs or **almshouses**, and subjected them to what we would now consider to be child slavery (Trattner, 2007).

The Elizabethan Poor Laws of 1601

The Tudor Poor Laws were replaced by the **Elizabethan Poor Laws of 1601**, a set of laws that established a system of poor relief in England and Wales. The Elizabethan Poor Laws of 1601 reflected an organized merging of England's earlier, sometimes conflicting and erratic, social welfare legislation. The Elizabethan Poor Laws of 1601 formalized many of the driving principles rooted in the Tudor Poor Laws, including the belief that the primary responsibility for provision of the poor resided with one's family, that poor relief should be handled at the local level, that vagrancy was a criminal offense, and that individuals should not be allowed to move to a new community if unable to provide for themselves financially.

It was quite common for community members to bring charges against others if it could be proven that they had moved into the district within the last 40 days and had no means to support themselves. Such individuals would be charged as vagrants by local officials and returned to their home districts. The underlying notion was that local parishes didn't mind supporting individuals who had fallen on hard times after years of paying taxes and contributing to society, but they didn't want to be forced to support strangers who came to their district for the sole purpose of receiving aid. The Elizabethan Poor Laws of 1601 served as the foundation for social welfare legislation in colonial America, and elements of residency requirements can be found in current U.S. welfare policy.

During this time period in England there were generally two types of charitable provision: **indoor relief** and **outdoor relief**. Indoor relief was provided for the unworthy poor—those deemed able-bodied but who did not work (vagrants, indigents, and criminals). Indoor relief consisted of mandatory institutionalization in workhouses or poorhouses, where residents were forced to work. Workhouses were designed to be harsh, with the hope that they served as a deterrent for those individuals who lacked the skill or desire to work and become self-sufficient. Outdoor relief consisted of money, clothing, food baskets, and medicine, provided in the homes of those who were considered the worthy poor, most often widows, the disabled, and the aged (Jones, 1969; Slack, 1990).

THE HISTORY OF POOR CARE DURING THE COLONIAL ERA

Learning Outcome 2.2 Compare and contrast key movements and influences in poor care and social reform in early America

Life in colonial America offered tremendous economic opportunities as well as significant hardship related to life on the frontier. Many immigrants were quite poor to begin with, and the long and difficult ocean voyage to the New World often left them unprepared for the rigors of

life in America. Thus, even though colonial America offered many opportunities not available in the “Old World,” such as land ownership and numerous vocational opportunities, many of the social ills plaguing new immigrants in their homeland followed them to North America.

Colonial America: 1607 to 1775

English and Scottish colonization of North America began in 1607 in Virginia and continued through most of the 1700s until independence. Because there was no existing infrastructure in the original 13 British colonies, poor relief consisted primarily of mutual kindness, family support, and distant help from England. Self-sufficiency was a must, and life was not easy on the frontier. There was a dramatic increase in the population during the 75 years before independence, increasing from 250,000 settlers in 1700 to an estimated 2.5 million in 1775! And, as the population increased, so did the need for a more formal and organized system of poor care.

Poor Care in the Industrial and Progressive Eras: 1776 to 1920s

After independence in 1776, poor care remained minimal, consisting primarily of free land grants primarily for White settlers, pensions for widows, and aid to disabled veterans. There was very little formal social welfare legislation passed at the state or federal levels until the early 1900s. And even those early laws provided only minimal benefits for some groups of children and the disabled. One of the first federal social welfare efforts was the Civil War Pension Program passed in 1862, which provided aid to Civil War Veterans and their families. Unemployment benefits were offered in most states by about 1929, and a program offering veterans benefits, consisting primarily of medical aid, was instituted after World War I.

World War I Veterans stand in front of a New York City Post Office, to fill out applications for their long promised bonuses.



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The Great Depression in 1929 marked the first time the federal government recognized the need for a national social welfare system, but the nature of provision in the 1800s through the early 1900s was highly influenced by philosophical and religious belief systems that presumed to explain why poverty and other social ills existed. These ideologies in turn influenced how the leaders of early American society believed poverty should be addressed. Two philosophies that have strongly influenced the development of social welfare policy in the United States, and perceptions of those who are in need, are John Calvin's Protestant theology, specifically his doctrine of predestination, and philosopher Herbert Spencer's **social Darwinism** (explored in the next section).

Calvin's doctrine of predestination emanated from the Protestant Reformation in the 16th century. Calvin wrote about the nature of God's control over the world and how this control was exercised, primarily in the form of who God would allow into heaven (the elect) and who he

would condemn to hell (the condemned). According to Calvin's doctrine, a person's salvation was predestined by God and based solely on God's grace, not by what people did in their lives (whether they were essentially good or bad). Thus, even though all people were called to faith and repentance, not all people would be allowed into heaven.

Even though many Protestants rejected Calvin's concept of predestination, including Lutherans and Methodists, Calvin's doctrine became embedded into early American society in a number of ways. In his book *The Protestant Ethic and the Spirit of Capitalism*, Max Weber described in detail the vast influence of Calvin's doctrine on European and American society. According to Weber, Calvin theorized that since everyone deserved to go to hell anyway, that was the lot they should accept, and those who were saved from condemnation were blessed by the grace of God. Human action in an attempt to secure their own salvation (through works) was futile since one's eternal fate rested not on human goodness, but on God's mysterious desire and will (Weber, 1905/1958). Roman Catholic theology, which previously influenced poor care, recognized the omnipotence of God in matters of salvation, but also acknowledged that people had free will and choice, and could elect to walk with God and have everlasting life by following his commandments.

According to Weber, the Calvinists accepted the concept of predestination, but did not accept that there was no way to determine who was saved and who was condemned, since privilege and participation in society were based in large part on separating people into two categories: those who were godly and those who were not. For instance, only God's faithful were allowed to become members of the church, receive communion, and enjoy other benefits of salvation, including societal respect. Determining that one was condemned to hell, not because of anything that person necessarily did, but because of God's mysterious determination, became a common form of social exclusion.

In time, particular behaviors and conditions became indicators—or signs—of one's eternal fate. For instance, hard work (what Weber referred to as the **Protestant work ethic**) and good moral conduct (the ability to deny worldly pleasures in pursuit of purity) became signs of the elect since it was believed that God blessed the elect by giving them a vocation, and only the "elect" were granted the ability to be pure (Weber, 1905/1958). In other words, those who could not work for any reason, even through no fault of their own, were perceived in society to be condemned, because they were not bestowed a vocation.

A "catch-22" with regard to living a pure life was that it was the privileged members of society who determined what was considered "pure." For instance, church attendance was a requirement of purity, but only members of the elect were permitted to join the church, and the remainder were excluded, which was then used as an indicator that they were not pure, and thus not a member of the elect. Even if the poor and suffering had a voice and could protest the paradoxical reasoning behind the signs, according to Calvin, everyone deserved to be condemned anyway, thus there was simply nothing to complain about (Hudson & Coukos, 2005; Weber, 1905/1958).

The influence of the Protestant work ethic and Calvin's doctrine of predestination on U.S. society as a whole, and specifically on the poor, were significant, extending well beyond religious communities (Kim, 1977). With hard work, material success, and good moral conduct serving as the best signs of election to salvation, it did not take long for poverty and presumed immoral behavior (remember, it was presumed that only the elect had the spiritual fortitude to behave morally) to become clear indications of one's



Pearson eText

Video Example 2.1

This video highlights the roots of the human services profession. Why is it important for human services professionals to be aware of the history of social welfare?

condemnation (Chunn & Gavigan, 2004; Gettleman, 1963; Hudson & Coukos, 2005; Kim, 1977; Schram et al., 2008; Tropman, 1986; Weber, 1905/1958).

EARLY SOCIAL WORK MOVEMENTS

Charity Organization Societies: 1870 to 1893

The **Charity Organization Society (COS)** is often considered one of the forerunners of the modern social services profession and marked one of the first organized efforts within the United States to provide charity to the poor. The COS movement began in England in 1869, in response to increased urbanization and immigration and common frustration with the current welfare system, which consisted primarily of disorganized and chaotic almsgiving. The COS movement was started by Rev. S. Humphreys Gurteen, who believed that it was the duty of good Christians to provide an organized and systematic way of addressing the plight of the poor in a manner that would increase self-sufficiency and personal responsibility. Gurteen and his colleagues strongly believed that giving alms indiscriminately, and without conditions, encouraged fraud and abuse, as well as encouraged laziness among those receiving the help.

The first COS was founded in Buffalo, New York, in 1877 and served as a sort of umbrella organization for other charities by assisting in the coordination and oversight of relief services to the poor (Schlabach, 1969). The COS concept of organized and systematic provision quickly spread to large cities across the nation, and in 1890 over 100 cities had at least one COS serving the community (Wahab, 2002). The COS philosophy focused on achieving self-sufficiency and reducing dependence. Therefore, outdoor relief, such as cash assistance, was discouraged because it was considered harmful to the beneficiary based upon the belief that material relief would encourage dependence and laziness, thus ultimately increasing poverty (Gettleman, 1963; Kusmer, 1973). In this respect, the COS included concepts of the worthy and unworthy poor.

The COS practiced what was called *scientific charity*, which involved *intelligent giving*, embracing the notion that charity should be natural, not artificial (Gettleman, 1963; Leiby, 1984). Natural giving was both spontaneous and informal, and was drawn from the philosophies advanced by Thomas Chalmers, a Scottish political economist and member of the clergy. Chalmers made a distinction between “natural charity” and “artificial charity,” where the former was based on what he called the “four fountains of charity”: (1) people’s willingness to help themselves, (2) the willingness of families to help, (3) the willingness of neighbors to help, and (4) the willingness of wealthy people to contribute to their community. Chalmers believed that “natural charity” was far less likely to involve fraud, whereas “artificial charity”, involving more organized forms of giving by churches and the government, had a far greater likelihood of being abused by both the giver (e.g., politicians) and the beneficiaries.

Based on this ideology, COS leaders were highly suspicious of organized giving, and while they believed in the importance of charity, they wanted to root out fraud, by coordinating the often haphazard and disorganized giving of alms to the poor, as well as create relationships with those in need (typically single women) to determine the individual cause of their poverty (Gettleman, 1963). According to COS philosophy, poverty was almost always caused by laziness, drinking alcohol, and spending too much money (Rauch, 1975). COS directors employed **friendly visitors**, an early version of

caseworkers, to visit the homes of aid applicants, diagnose the reasons for their poverty, and, if possible, develop a case plan to alleviate their poverty (Rauch, 1975; Trattner, 2007). Because poverty was defined as an individual problem, and because most aid recipients were women, there was excessive focus placed on sexual morality, with the goal of modeling appropriate moral behavior (O'Neill, 2016). Since material relief was discouraged, most friendly visitors offered only sympathy, encouragement, and guidance on how to seek employment, with minimal financial assistance (Wahab, 2002).

The COS movement was highly influenced by Calvinism, but also by another socio-political ideology called *social Darwinism*, which involved the application of Charles Darwin's theory of natural selection to the human social world. Darwin's theory, developed in the mid-19th century, was based on the belief that environmental competition—a process called natural selection—ensured that only the strongest and most fit organisms would survive (allowing the biologically fragile to perish), thus guaranteeing successful survival of a species (Darwin, 1859/2009). Social Darwinists apply Darwin's theory to humans and the social world in an attempt to provide naturalistic explanations for various phenomena in human social life (Weikart, 1998).

One of the most influential social Darwinists was Herbert Spencer, an English sociologist and philosopher who coined the term “**survival of the fittest**” (a term often incorrectly attributed to Darwin) in reference to the importance of human competition for resources in securing the survival of what were considered the fittest members of society (Hofstadter, 1992). Spencer was a fierce opponent of any form of government intervention or charity on behalf of the poor and disadvantaged, arguing that such interventions would interfere with the natural order, thus threatening society as a whole. Although Spencer's theory of social superiority was developed in advance of Darwin's theory, his followers relied on Darwin's theory of natural selection for scientific validity of social Darwinism.

The fatalistic nature of the concept of predestination, the Protestant work ethic, and social Darwinism became deeply imbedded in U.S. religious and secular culture and were used to justify a laissez-faire approach to charity throughout most of the 19th and 20th centuries (Duncan & Moore, 2003; Hofstadter, 1992). Although the specific tenets of these ideologies may have softened over the years, the significance of hard work, good fortune, material success, and living a socially acceptable life have remained associated with special favor and privilege in life, whereas poverty and disadvantage have remained associated with presumed weak character, laziness, and immoral behavior. Leaving the poor and disadvantaged to their own devices was perceived as nothing more than complying with God's (or nature's) grand plan (Duncan & Moore, 2003). Remnants of these doctrines and philosophies can still be seen in contemporary approaches to helping the poor and disadvantaged, and continue to influence the development of legislation in the United States, as well as people's attitudes about poverty and the poor (Chunn & Gavigan, 2004; Duncan & Moore, 2003; Gettleman, 1963; Hudson & Coukos, 2005; Kim, 1977; Schram et al., 2008; Tropman, 1986).

The social hierarchy espoused by social Darwinists was reflected in the philosophical motivation of COS leaders, often the community's wealthiest and most religious members, who agreed to provide charity to the poor as long as the poor remembered their proper place in society (Gettleman, 1963). Yet even the deserving poor did not escape the influence of the Protestant work ethic or the fatalism of social Darwinism, both of which were deeply imbedded in COS culture. For example, friendly visitors often focused excessively on the sexual behavior of the women they helped. The COS viewed immorality as the primary problem in most slums, believing that the women living in the

slums (many of whom were single mothers) were weak and fallen, having succumbed to the charms and sexual advances of male suitors (Wahab, 2002). Friendly visitors would often use the guise of friendship to connect to these women, hoping they could influence them through modeling the value of becoming a good Christian woman. Many COS “friendly visitors” even went so far as to ask neighbors to monitor the younger women in the slums and report back on any male visitors (Wahab, 2002).

The principles of the Protestant work ethic and social Darwinism, with their focus on hard work, self-sufficiency, and natural selection, were clearly reflected in various speeches and writings of COS leaders. Common themes included arguments that even widows would become lazy if too much help was given, and life was made too easy for them. Many COS leaders also argued that providing charity to the unemployed, able-bodied poor was actually immoral since, according to natural selection, this population was destined to perish, and providing them charity only prolonged their suffering and was therefore in neither their nor society’s best interest (Gettleman, 1963). Despite clear indications that the COS movement was influenced by the ideologies of the Protestant work ethic and social Darwinism, Leiby (1984) points out that many of the early COS leaders and volunteers, while Christians and members of society’s upper classes, were committed reformers who perceived charity as a form of much-needed love—a concept that contradicted the social Darwinists’ noninterventionist approach.

Mary Richmond, the general secretary of the Baltimore COS, is an example of a committed reformer. Richmond was a fierce advocate for social justice and social reform and believed that charities could employ good economics and engage in compassionate giving at the same time. Richmond became well known for increasing public awareness of the COS movement and for her fundraising efforts. Richmond’s compassion for the poor was likely due to her own experience with poverty as a child. Richmond was orphaned at the age of two and then later abandoned by her aunt, who left Richmond to fend for herself in New York when she was only 17 years old. Thus, Richmond no doubt understood the social components of poverty, and how factors outside of peoples’ control could have a devastating impact on their lives. Richmond is credited for contributing to the development of the modern case management model through her conceptualization of **social diagnosis**, a process involving friendly visitors assessing clients and their environments. **Social diagnoses** enabled the visitor to identify sources of strength and barriers to self-sufficiency (Kusmer, 1973; Richmond, 1917).

Despite the general success of the COS and the contributions the movement made to professionalizing the helping fields, its adherence to deterministic philosophies that negated social factors of poverty while pathologizing the poor deepened the belief that the poor were to blame for their lot in life. In retrospect, one can recognize the naiveté of believing that poverty could be controlled merely through moral behavior. But the country was about to learn a very hard collective lesson during the Depression era—one that immigrants, many ethnic minority groups, and single mothers had known for years—that sometimes conditions exist that are beyond one’s control, creating immovable barriers to economic self-sufficiency.

Jane Addams and the Settlement House Movement: 1889 to 1929

During the same time that the COS “friendly visitors” were addressing poverty in the slums by focusing on personal morality, Jane Addams was confronting poverty in a vastly

different way—by focusing on social injustice. Addams was a social justice advocate and a social reformer who started the **settlement house movement** in the United States with the opening of the Hull House in Chicago. Addams considered the more religiously oriented COS movement as being rather heartless because most COS leaders were more concerned with efficiency and controlling fraud than alleviating poverty (Schneiderhan, 2008). Addams used a relational model of poverty alleviation based on the belief that poverty and disadvantage were caused by problems within society, not idleness and moral deficiency (Lundblad, 1995). Addams advocated for changes within the social structure of society in order to remove barriers to self-sufficiency, which she viewed as an essential component of a democracy (Hamington, 2005; Martin, 2012). In fact, the opening of the Hull House, the first settlement house in the United States, was considered the beginning of one of the most significant social movements in U.S. history.

Addams was born in Cedarville, Illinois, in 1860. She was raised in an upper-class home where education and philanthropy were highly valued. Addams greatly admired her father, who encouraged her to pursue an education at a time when most women were destined to solely pursue marriage and motherhood. She graduated from Rockford Female Seminary in 1881, the same year her father died. After her father's death, Addams entered Woman's Medical College in Pennsylvania but dropped out because of chronic illness. Addams had become quite passionate about the plight of immigrants in the United States, but due to her poor health and the societal limitations placed on women during that era, she did not believe she had a role in social advocacy.

The United States experienced another significant wave of immigration between 1860 and 1910, with 23 million people emigrating from Europe, including Eastern Europe. Many of these immigrants were from non-English-speaking countries, such as Italy, Poland, Russia, and Serbia, and were very poor. Unable to obtain work in the skilled labor force, many immigrants were forced to work in unsafe urban factories and live in subhuman conditions, crammed together with several other families in tenements. For instance, New York's Lower East Side had approximately 330,000 inhabitants per square mile (Trattner, 2007). With no labor laws for protection, racial discrimination and a variety of employment abuses were common, including extremely low wages, unsafe working conditions, and child labor. Poor families, particularly non-English-speaking families, had little recourse, and their mere survival depended on their coerced cooperation.

Addams was aware of these conditions because of her father's political involvement, but she was unsure of how she could help. Despondent about her father's death and her failure in medical school, as well as her ongoing health problems, Addams and her friend Ellen Gates Starr took an extended trip with friends to Europe where, among other activities, she visited Toynbee Hall settlement house, England's response to poverty and other social problems. Toynbee Hall served as a neighborhood welfare institution in an urban slum area, where trained settlement house volunteers worked to improve social conditions by providing community services and promoting neighborly cooperation.



Leaders of the American Settlement House movement, Jane Addams of Chicago and Lillian Wald of New York. 1916. Members of the movement often lived in settlement houses in poor urban areas to offer services, education, and public health services to improve the life of the poor.

The concept of addressing poverty at the neighborhood level through social and economic reform was revolutionary. Rather than monitoring the behavior of the poor through intermittent visits, settlement house workers lived right alongside the immigrant families they endeavored to help. In addition to providing a safe, clean home, settlement houses also provided poor immigrants with comprehensive care such as assistance with food, health care, English language lessons, child care, and general advocacy. The settlement house movement had a mission of no longer distinguishing between the worthy and unworthy poor, and instead recognizing the role that society played in the ongoing plight of the poor—a stance that was a departure from the traditional charity organizations.

Addams and Starr returned home from Europe convinced that it was their duty to do something similar in the United States, and with the donation of a building in Chicago, the Hull House became America's first settlement house in 1889. Addams and her colleagues lived in the settlement house, in the middle of what was considered a bad neighborhood in Chicago, offering services targeting the underlying causes of poverty such as unfair labor practices, the exploitation of non-English-speaking immigrants, and child labor. The Hull-House quickly became the social hub for residents who gathered in the Hull-House café, and was also the informal headquarters for many of Addams' social advocacy efforts, which ranged from advocating for women's suffrage to advocating for racial equality (e.g., advocating against the extrajudicial lynching of Black men), to child labor laws, to global peace efforts to end war (Knight, 2010).

Addams' influence on American social welfare policy was significant, in that her work represented a shift away from the fatalistic perspectives of social Darwinism and the religious perspectives of Calvin's Reformed theology. Instead, Addams highlighted the need for social change so that barriers to upward mobility and optimal functioning could be removed (Martin, 2012). Addams and her colleagues were committed to viewing the poor as equal members of society, just as worthy of respect and dignity as anyone else. Addams clearly saw societal conditions and the hardship of immigration as the primary cause of poverty, not necessarily one's personal moral failing. Social inequality was



Vintage Photo of a Workshop With Young Boys Working.

perceived as the manifestation of exploitation, with social egalitarianism perceived as not just a desirable but an achievable outcome (Lundblad, 1995; Martin, 2012). Addams' focus on social inequity was reflected in her tireless lobbying for the passage of child labor laws (despite fierce opposition by corporations and conservative politicians). Addams also advocated on a local and national level for labor laws that would protect the working-class poor, who were often exploited in factories with **sweatshop conditions**. She also worked alongside Ida B. Wells, confronting racial inequality in the United States, such as the extrajudicial lynching of Black men (Addams, 1909).

Although there are no working settlement houses today, the prevailing concepts espoused by this movement, with its focus on social components of poverty and disadvantage, remain foundational to the human services and social work professions, and also serve as the roots of today's urban neighborhood centers. Yet, despite the overall success of the settlement house movement and the particular successes of Addams with regard to achieving social reform in a variety of arenas, the threads of moralistic and deterministic philosophies have remained strongly interwoven into American society, and have continued to influence perceptions of the poor and social welfare policy and legislation.

Ida B. Wells and the Fight Against Racial Oppression

The opening vignette is about one of the greatest social reformers in modern history—Ida B. Wells, a Black reformer and social activist whose campaigns against racial oppression and inequity laid the foundation for the civil rights movement of the 1960s. As referenced in the vignette, although legal slavery ended 6 months after her birth, Wells' life was never free from the crushing effects of severe racial prejudice and discrimination. Her schooling was interrupted when she was orphaned at the age of 16 leaving her responsible for raising her five younger siblings. This experience not only forced her to grow up quickly but also seemed to serve as a springboard for her subsequent advocacy against racial injustice. The newspaper she owned was called *Free Speech*, and she used this platform to write about matters of racial oppression and inequity, including the vast amount of socially sanctioned crimes committed against members of the Black community (Hamington, 2005).

The indiscriminate lynching of Black men was prevalent in the South during Wells' lifetime and was an issue that Wells became quite passionate about. Black men were commonly perceived as a threat on many levels, and there was no protection of their personal, political, or social rights. The Black man's reputation as an "angry rapist" was endemic in White society, and many speeches were given and articles written by White community members (including clergy) about this allegedly growing problem. For example, an article published in the mainstream newspaper in the South, the *Commercial*, entitled "More Rapes More Lynchings," cites the Black man's alleged penchant for raping White women, stating:

The generation of Negroes which have grown up since the war have lost in large measure the traditional and wholesome awe of the white race which kept the Negroes in subjection. . . . There is no longer a restraint upon the brute passion of the Negro. . . . The facts of the crime appear to appeal more to the Negro's lustful imagination than the facts of the punishment do to his fears. He sets aside all fear of death in any form when opportunity is found for the gratification of his bestial desires. (Davidson, 2008, p. 154)

Wells wrote extensively on the subject of the “myth of the angry Black man,” and the myth that all Black men raped White women (a common excuse used to justify the lynching of Black men) (Hamington, 2005). She challenged the growing sentiment in White communities that Black men, as a race, were growing more aggressive and “lustful” of White women, which she believed was prompted in part by the increasing number of biracial couples. The response to Wells’ articles was swift and harsh. A group of White men surrounded her newspaper building with the intention of lynching her, but when they could not find her, they burned down her business instead (Davidson, 2008).

Although this act of revenge essentially stopped her newspaper career, what it really did was motivate Wells even further. After the burning down of her business, Wells left the South and moved to Chicago, where she continued to wage a fierce anti-lynching campaign, often coordinating efforts with Jane Addams. She wrote numerous books and articles on racial inequality, challenging socially entrenched notions that all Black men were angry and violent sexual predators (Hamington, 2005). Wells and Addams worked as colleagues, coordinating their social justice advocacy efforts fighting for civil rights. Together, they ran the Chicago Association for the NAACP and worked collectively on a variety of projects, including fighting against racial segregation in schools (Martin, 2012; Wells, 2020).

THE NEW DEAL AND GREAT SOCIETY PROGRAMS

Learning Outcome 2.3 Describe ways that the New Deal and Great Society programs alleviated poverty after the Great Depression

In 1929 the stock market crashed, leading to a series of economic crises unprecedented in the United States. For the first time in modern U.S. history, large segments of the middle-class population lost their jobs and all means of income. Within a very short time, thousands of people who had once enjoyed financial security were suddenly without money, homes, and food. This served as a wake-up call for social reformers, many of whom had abandoned their earlier commitment to social activism because of decades of a good economy. In response, many social reformers started pushing President Hoover to develop the country’s first comprehensive system of social welfare on a federal level.

Hoover was resistant, though, fearing that a federal system of social welfare would create dependency and displace the role of private and local charities. Hoover wanted to allow time for the economy to self-correct through the capitalist system and the market economy before intervening on a federal level. Hoover was a strong believer in the power of volunteerism, believing that everyday people could be convinced of the power of helping others, without coercion. He wanted to allow time for people to jump into action and help their neighbors, and for democracy and capitalism to self-correct before intervening with broad entitlement programs (McElvaine, 1993). But much of the country apparently did not agree with this plan. In 1933, Hoover lost his bid for reelection, and Franklin D. Roosevelt was elected as the country’s 32nd president. Roosevelt immediately set about to create changes in federal policy with regard to social welfare, promising dramatic changes, including sweeping reforms in the form of comprehensive poverty alleviation programs.

From 1933 through 1938, Roosevelt instituted a series of legislative reforms and domestic programs collectively referred to as the **New Deal programs**. In his first