

# A Prefatory Essay on the Future Administration of Human Services

DAVID M. AUSTIN  
YEHESKEL HASENFELD

In the United States and other capitalist, postindustrial societies, the "welfare state" has developed along two lines. The first has led to the provision of income intended to offset—at least partially—the pattern of income distribution that results from a marketplace economy in which the major sources of household income are employment and capital investment.

The second line of development has led to the creation of what have been generally categorized as human service programs. These programs focus on education, health, corrections, and personal social needs of many different types. While some human service programs function as components of strategies to redistribute income—as when health care services are provided to older adults and disabled people whose income levels are

low enough for them to qualify for Medicaid benefits—other programs serve the total community, such as those providing public education, parks and playgrounds, and kidney dialysis.

Most discussions of the future of the welfare state have focused on attempts to redistribute income, and considerable attention has been paid to the future development of specific types of service organizations, such as state psychiatric hospitals. But little consideration has been given to the relationship of human service programs in general to the political economy of postindustrial societies. Because much of the expansion of the "service economy" of these societies will involve human service programs, future developments in these programs will affect the future of the welfare state as

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*David M. Austin is a professor in the School of Social Work at the University of Texas at Austin, Austin, Texas 78712. Yeheskel Hasenfeld is a professor in the School of Social Work and the Sociology Department at the University of Michigan, Ann Arbor, Michigan 48109.*

much as changing patterns of direct income redistribution. These developments are the primary focus of this special issue of the *Journal of Applied Behavioral Science*.

The articles in this issue deal primarily with programs that serve personal social needs. The directions of development that the authors have identified, however, also indicate the future development of service programs in such fields as health, corrections, and education.

### **THE MIXED ECONOMY OF HUMAN SERVICES**

Historically, human service programs have primarily developed through two distinct types of organizations. One is the small to medium-sized voluntary or nonprofit organization, based in a single community, with a relatively specialized focus and a professional, collegial staff working within a voluntary leadership structure. The other is the medium-sized to large governmental, tax-supported organization, generally organized bureaucratically and accountable to a public official or legislative body. Such governmental organizations often cover large geographic areas and sponsor many different programs.

Many traditional assumptions have existed as to the distinct missions of these two "ideal-type" structures and to their relative strengths and weaknesses. People have also assumed that both types differ from for-profit service organizations operating in the marketplace. Many believe that the political economy of voluntary organizations is shaped by social concepts underlying the marketplace economy, especially when a small group of well-to-do individuals from the business community provides the primary source of funds and holds key positions in the policy-making bodies of these organizations. Such concepts include that of the duty of the

wealthy to voluntarily provide charitable assistance to those in need. Governmental organizations, however, are assumed to be financed by and accountable to a body of citizens and to have a political economy shaped by the dynamics of the political system. The rationale for supporting such organizations through taxes has been that the services they provide contribute to the common good as defined through political processes controlled by the majority of citizens.

Since the early 1960s, however, a "mixed economy" pattern has emerged with respect to human service programs, a blending of governmental and voluntary, nonprofit systems. Increased governmental involvement in the form of funding and regulations has increased the impact of the political system on the voluntary sector (Kramer, this issue). This has led to the development of nonprofit organizations created by constituencies that differ from the traditional sponsors of charitable services, especially in their representation of a different set of political interests (Checkoway, this issue). Similarly, governmental organizations have increasingly contracted with voluntary, nonprofit organizations to provide government-funded services, thereby diluting political control of these services. An additional mixed economy pattern has emerged as for-profit organizations have begun to provide services directly to some segments of the public and to contract with governments to provide services to other segments, thereby introducing marketplace processes to human services (Gilbert, 1983; Gilbert, this issue).

### **DIRECTIONS OF FUTURE DEVELOPMENT**

Until recently, many social theorists writing about human service programs have held that the welfare state should seek to

be a “universal” provider of all types of human services, primarily through comprehensive governmental organizations directly controlled by the political process. These theorists have defined equal access to service as a “right” belonging to any individual, much as all children are considered to have a right to a publicly supported education. This equality of access to service should offset many of the consequences of economic inequality resulting from the marketplace economy and contribute to social solidarity, the theorists predict (Kuttner, 1984). These theorists also assume that the most effective way to improve the quality of human service programs is to increasingly apply knowledge based on empirical research, develop innovative technologies—including new forms of administrative technology—and make all types of organized service programs more professional.

Examination of the experiences of human service programs, however, has led researchers to question the above assumptions. Some speculate that large-scale human organizations, regardless of the contributions of administrative technology, impose limits on effective management and have negative effects on the people they employ (Sjoberg, Vaughan, & Williams, 1984). Some find limits to program efficiency in any large-scale organization—even one that delivers human services—that exercises a monopoly. Some doubt that a large service organization can establish and maintain a single standard of high-quality service for all users regardless of income, unless all users exercise some form of economic leverage—that is, unless all have some opportunity to bargain and exercise choice. Some express concern as to whether totally professional service providers are socially effective and worry about the impact of increasingly professional service provision on primary group

relationships, especially the family. Finally, both liberal and conservative critics of social policy have begun to ponder the desirability of a highly centralized pattern of authority and control of all types of human service programs by the federal government (Hadley & Hatch, 1981).

All of this questioning suggests that earlier assumptions about the preferred development of human service delivery may have been overly simplistic. This special issue suggests that a more desirable pattern of development would be much more diverse and complex, combining a variety of financing arrangements and a comprehensive plan for service provision with a diverse system of providers that includes small to medium-sized organizations and private practitioners.

## **THE POLITICAL ECONOMY OF HUMAN SERVICE PROGRAMS**

To understand the possibilities for the future development of human service organizations, one must consider the characteristics that distinguish such organizations from traditional, public administration bureaucracies and from purely entrepreneurial, goods-producing, marketplace firms (Walker, 1983). Even for-profit human service organizations share many of these distinguishing features.

Human service organizations and the complex networks of organizations that make up service delivery systems operate in an atmosphere of crisis, which is either generated externally or self-induced. Continuing series of public reports discuss crises in mental health, health services, welfare, corrections, or education, as if the organizations serving these needs cannot survive or attract public attention in calmer circumstances. In part, this constant state of crisis results because human

service organizations operate with only a precarious consensus of their domain.

Several factors account for this uncertainty. First, because human service organizations directly affect the lives of those receiving their services, they are highly influenced by changing cultural beliefs and values, which determine attitudes as to whether the recipients deserve the services. Moreover, such beliefs are not homogeneous, but rather reflect the contradictions and conflicts of a pluralistic society. Second, because human service organizations depend on external sources of funds—whether these are government agencies or charitable donors—they cannot absolutely predict what financial resources they will have in the future. Third, these organizations usually lack a determinant technology to protect them from external and internal conflicts over control of the service delivery process. Finally, because human services are often intangible and their value cannot readily be measured using marketplace mechanisms, they are more likely to be shaped by political processes than by objective procedures of evaluation (Hasenfeld, 1983).

All of the above cause human service organizations to have permeable boundaries and subject their services to the exigencies and vicissitudes of external political and economic forces. An examination of these forces is essential to an understanding of the potential patterns these organizations may take.

### **A changing economic environment**

In 1975, expenditures for human services equalled 20% of the gross national product (GNP), the highest level in U.S. history. Since that time, the relative allocation of federal resources for human services has declined steadily (expenditures equalled 18.7% of the GNP in 1980). Although the proportion of human

service expenditures allotted for income transfer programs and medical assistance has continued to rise, the percentage of federal funds used for direct support of service activities has dropped severely. Researchers have cited many factors as contributing to this decline (Hasenfeld, 1984; Spivey, 1985), all of which reflect the slow rate of economic growth in the national economy.

Indicators strongly predict that during the next decade postindustrial societies will continue to experience economic uncertainty, causing their national governments to curtail expenditures for public services in general and human services in particular. Concerns for the future of human service programs have emerged in all of these societies; an international conference titled "Support Networks in a Caring Community" took place in the Hague in January 1985, drawing participants from 11 nations (Yoder, 1985). Uncertainty stems from the need of postindustrial nations to undertake major transformations to raise productivity, reduce unemployment, curb inflation, and compete effectively with one another in world markets (Thurow, 1980). One such transformation affecting social welfare programs is the process of "deindustrialization," a "widespread, systematic disinvestment in the nation's basic productive capacity" (Bluestone & Harrison, 1982, p. 6). The shift from smoke-stack industries to high-technology industries has generated major economic upheavals, such as plant closings, movement of capital to the Sunbelt states and Third-World nations, and a persistent high rate of unemployment in many sections of the United States (Harris, 1984; Zald, 1977).

### **Sociodemographic changes**

Economic growth has slowed at a time when national governments face increas-

ing demands for human services because of the aging of the population, an increased emphasis on alternatives to institutional care for the disabled, continuing unemployment, and a rising number of single-parent households. These increased pressures on the federal budget will produce even larger deficits, unless national programs undergo additional cutbacks or federal revenues increase.

All demographic projections indicate a continued rise in the proportion of older people in the United States. Estimates are that from 1985 to 2000 the number of people aged 65 years or older will increase by 22%, while the number of people aged 5–17 years will increase only 12%; an especially sharp rise in the number of people aged 75 years and older will take place as people continue to live longer (Siegel & Davidson, 1984). This aging of the population should have a major impact on federal expenditures for income security and medical care (Preston, 1984) and reduce the proportion of the population paying taxes to fund such programs.

Medical developments have helped reduce deaths for infants born with developmental disabilities and extend the lives of many adults with severe physical and mental disabilities, resulting in a steady rise in the number of people requiring lifelong medical care and economic support. Changes affecting families and housing have made it increasingly difficult for families to provide lifetime care for the disabled, resulting in the large-scale development of institutional systems providing schooling for the mentally retarded, psychiatric hospitals, intermediate care facilities, nursing homes, and the like. But widespread deficiencies in the quality of care provided by these institutions have led to federal lawsuits and other initiatives to improve institutional care and bring about less-restrictive, com-

munity-based alternatives. The increasing costs of institutional care and the capital improvements required by older facilities have added to the pressure for change. The results have been (1) sharply increased costs for local school systems providing educational services for disabled children and adolescents, (2) a shift in responsibility for support for institutionalized adults from state government to the federally funded Supplemental Security Income (SSI) program, and (3) a growing need for communities to develop complex service delivery systems that can provide the disabled with coordinated, continuous access to many services for long periods of time.

The combination of deindustrialization and slow economic growth for many industries has produced a persistently high level of underemployment and unemployment, especially for blue-collar workers (Harris, 1984). Plant closings and automation have displaced many workers, who have little chance of finding comparable work elsewhere. Workers in industries maintained primarily by large defense contracts are affected by the uncertainty associated with the political considerations that determine the awarding of such contracts. The high rate of unemployment has also discouraged other residents of deindustrialized communities—especially adolescents and young adults—from seeking work (Bluestone & Harrison, 1982). Moreover, although the shift from a predominantly industrial base of employment to a service base has increased the number of positions for well-paid technical and professional personnel, it has also increased positions offering low wages and few fringe benefits (Ginzberg & Vojta, 1981), creating a need for supplemental financial assistance, especially in urban areas with a relatively high cost of living.

A stubborn, high rate of unemployment

is likely to persist in depressed areas, especially among young unskilled workers. Youth belonging to ethnic minorities, who are heavily concentrated in low-skill occupations, are particularly vulnerable; in many communities, they face competition from undocumented aliens who may be paid at rates below minimum-wage standards. Federal, state, and local financial assistance systems will face continuing pressure to meet the economic needs of these unemployed workers and their families.

The increasing number of single-parent households will also fuel a continuing demand for social welfare services, including day care for children. From 1960–1982, the percentage of households run by women rose from 17% to 25% for white families and from 29% to 44.4% for black families. Moreover, the number of live births by unmarried women has risen from 141.4 per 1,000 in 1950 to 665.7 in 1980 (U.S. Bureau of the Census, 1983). These developments have resulted in the increasing “feminization of poverty” (Duncan, 1984).

## THE CHANGING ROLE OF GOVERNMENT

Confronted with slow economic growth, pressures to reduce budget deficits, the high cost of maintaining a large military establishment, a reluctance to raise taxes, and increasing funding requirements for the provision of basic human services—particularly for elderly people—national governments have sought ways to curb the costs of specific human service programs. In many Western democracies, including the U.S., constituencies who have traditionally supported “welfare-state” objectives—including trade unions and social democratic political parties—have recently lost political strength and

been unable to prevent the reduction of service provision. Other constituencies directly affected by these cutbacks, such as women and minority groups, have not yet developed cohesive political organizations—and children cannot vote.

While reducing human service programs, national governments have provoked changes in human service organizations. In the U.S., these changes have included unilateral initiations of cutbacks in federal funding, the decentralization of responsibility for program administration—primarily to the states—contracting with outside organizations for the delivery of service, the establishment of rigid cost constraints on federally administered programs, and tighter eligibility and entitlement criteria.

The Reagan administration has significantly reduced federal expenditures for human service programs. Bawden and Palmer (1984) estimate these reductions to have cut expenditures by approximately 10% from prior policy levels. Most cutbacks have occurred in means-tested and personal social service programs, and have been replaced only to a limited degree by funds from other governmental organizations. In addition, the federal government has moved to decentralize program responsibility and control to state governments through the use of “block grants,” giving these governments much freedom to establish program priorities without administrative rules that have previously governed the implementation and management of human service programs (Peterson, 1984). Although Congress has not adopted many of Reagan’s proposals—especially after 1981—changes in regulations, reductions in federal staffing levels, and redefinitions of federal staff functions have promoted a pattern of devolution of program control to the states. By 1984, federal-state relationships began to show a reverse of a half-

century old pattern of increasing federal involvement in human service programs.

The Reagan administration has also sought to tighten eligibility requirements and costs for programs that continue to receive sizeable federal funding, particularly those providing health care and income assistance. Changes in the Medicare program, which have shifted the basis of reimbursements from one of "reasonable costs" to one involving diagnostic related groups, have radically altered the fiscal foundations of most hospitals. By requiring lower income levels for eligibility, the Aid to Families with Dependent Children (AFDC) and food stamp programs have disqualified many "working-poor" households from receiving assistance. The administration has also made a substantial effort to remove a substantial number of people with disabilities—especially mental disabilities—from the (SSI) program, although Congress has thus far blocked this effort. Social Security retirement benefits have just become taxable for those with significant income from other sources. These changes, along with others, represent clear attempts to circumscribe the claims of citizens on the economic resources of the federal government, and they caused political pressure from constituencies needing assistance to shift from the national government to state and local governments.

Federal and state governments have also encouraged a shift in the provision of government-funded services from governmental organizations to private ones. Kramer and Terrell (1984) have estimated that in several jurisdictions more than half of the federal and state funds for social services are distributed to private contractors. Human services for such needs as medical care, nursing home care, day care, home health care, child welfare, family planning, and residential psy-

chiatric treatment are increasingly being delivered by nongovernmental organizations, both nonprofit (Bendick & Levinson, 1985; Poole, this issue) and for profit (Gilbert, this issue).

These fiscal and structural changes have been justified by an ideology favoring a reduced welfare state (Hasenfeld, 1984). Those holding these beliefs emphasize the value of self-reliance, encouraging people to use their own resources to provide for their future well-being (e.g., through individual retirement accounts, private pension plans, and health insurance) rather than rely on collective means of provision. Those individuals who must turn to the government for assistance are increasingly considered to have an obligation to repay the government, either through work (as in "workfare") or money (e.g., through funding higher education through student loans rather than fellowships).

This ideology also advocates the use of such nongovernmental community organizations as churches, self-help groups, and voluntary associations as alternative sources of human services, which would reduce dependence upon government and minimize governmental intervention in people's lives (Berger & Neuhaus, 1977; Glazer, 1983). In addition, the decentralization of human service programs is championed as a means of improving their efficiency and accountability (Hadley & Hatch, 1981). Such arguments have contributed to major changes in the basic structure of human service programs.

## **STRUCTURAL CHANGES IN THE ORGANIZATION OF HUMAN SERVICES**

Federal government efforts to curb and control expenditures for human service

programs have escalated the trend toward decentralizing these programs or relying on private organizations or voluntary associations for the provision of human services. Administrators of publicly supported human service programs must now negotiate primarily with state and local constituencies, and can no longer rely on federal directives and regulations to shield them from local political conditions. Thus, the environment of human service organizations has become more politicized and more vulnerable to pressure from interest groups. While this has forced human service organizations to become more responsive to local constituencies and interests, it has also diminished the organizations' responsiveness to the needs of the least powerful in a community, people who formerly enjoyed some degree of protection through federal requirements.

A systematic effort is being made to make economics—rather than social concerns—the controlling factor in human service provision (Gilbert, this issue). Both nonprofit and for-profit private organizations now have incentives, in the form of contracts, to assume a larger proportion of service delivery. Proposals to provide federal tax credits for tuition payments to private elementary and secondary schools and tuition allowances for students attending private colleges and universities likewise encourage the development of private-sector sources of human services. The expansion of health insurance coverage to include mental health care and the development of health maintenance organizations and life care centers using prepayment systems (Leon, this issue) and giving users well-defined claims for services have also promoted the development of proprietary and nonprofit alternatives to government sources of human services, as has direct corporate

funding of human services for their employees (Masi, 1982). Proponents claim that such marketplace features as competition can lead to greater operational efficiency and economic use of resources, which can be achieved by avoiding civil service and union contracts that provide employees with job security, seniority protection, and other such benefits.

Voluntary agencies have also been asked to close the gaps caused by governmental cutbacks in human service delivery, despite such organizations' traditional dependency on governmental grants for the expansion of services (Salmon, 1984; Poole, this issue). Self-help groups and natural social support networks also face this pressure in a time of reduced governmental provision of human services. Such groups may effectively provide services and support unavailable from bureaucratic human service organizations (Litwak, this issue; Yoak & Chesler, this issue), yet they are valued primarily as cost-saving devices for their role in shifting some responsibilities from public organizations to primary groups such as the family. Similarly, an increased emphasis is being placed on the obligation of families to care for individuals with long-term disabilities or share in the direct costs of such care.

## **CHANGES IN THE MANAGEMENT OF HUMAN SERVICE DELIVERY**

The developments noted above are generating major transformations in the management of human service organizations, including the introduction of cutback management, the emulation of business management techniques, new forms of entrepreneurship, a greater emphasis on efficiency, and the use of strategic planning. Increased attention is also being paid to external and internal political



economies and the requirements of working with a complex, interdependent network of funding sources and specialized service organizations.

Cutback management is a relatively new phenomena for human service organizations, which faced a period of expansion and growth in the 1960s and 70s. This term refers to management strategies to reduce operating costs and to cut back programs and services when faced with diminishing resources. Levine, Rubin, and Wolohojian (1982) note that the effective redistribution of resources requires (1) the authority of the executive leadership, (2) continuity in top management, (3) rapid feedback from those in the operating system, (4) budgetary flexibility, (5) incentives to conserve resources, and (6) the capacity to target resources for specific programs. They continue by noting that most of these conditions do not exist in public human service organizations. Therefore, these organizations often resort to across-the-board cuts in programs—which jeopardize the provision of core services—and general retrenchments in staff, which often cause more talented personnel to leave.

To avoid these negative consequences, Hirschhorn and Associates (1983) state that human service organizations must identify their core programs, the ones that provide their unique niche in their environments, and direct their resources toward the protection of this core. Simultaneously, these organizations must extensively scan the environment to identify possible new ways to generate resources. This approach calls for the importation of management techniques used by for-profit organizations, such as the use of marketing strategies to ensure a high demand for the organization's services (Lauffer, 1984; Kotler, 1982). To do this, human service organizations may

need to augment or shift services to reach resource-rich clients or to design programs tailored for approval by specific public funding sources.

Human service organizations are investing heavily in management information systems so that they may increase managerial control over the allocation of resources and identify and support various measures to improve efficiency. Cost analysis techniques are increasingly being used for planning budgets (Vinter & Kish, 1984), enabling administrators to implement and enforce measures to deliver services more efficiently. Efficiency often displaces effectiveness as the norm considered most important to those providing human services. Lipsky (1980) warns, however, that the emphasis on efficiency and measures to promote it tend to alienate "front-line" human service workers and service recipients.

Human service organizations are also spending more time performing strategic planning and using planning scenarios to identify potential opportunities and hazards to organizational survival. This differs from traditional planning procedures that rely on straight-line projections of future development based on past experience (Hatten, 1983). The use of strategic planning and other management techniques has led to a greater emphasis on executive leadership and the centralization of power to the executive director, or for nonprofit organizations, key members of the policy-making board. Such people must make specific strategic decisions affecting the organization's survival, so human service organizations are now likely to fill executive-level positions with people who are entrepreneurial, active, and willing to conduct a major restructuring of an organization while also searching for new opportunities and resources.

Organizational survival and the search for new opportunities requires extensive attention to the external political economy, both at a societal level and at the level of the environment affecting the task at hand. To understand the societal level, one must become knowledgeable about the forces for change in society and their implications for specific human service programs. For example, efforts to control federal expenditures for the SSI program by narrowing the definition of disability have affected personal service programs and health care programs that serve people with mental and emotional disabilities. Similarly, increases in corporate income taxes could increase corporate financial support for voluntary social welfare programs—if such deductions are tax deductible—and the elimination of deductions from individual taxes for charitable contributions could hurt organizations that depend heavily on contributions from individuals.

To understand the environment affecting the task, one must recognize the complex dynamics influencing the decisions of individuals—and governmental organizations—to provide financial support for the provision of human services (Austin, 1981, 1983a), and the specific structures and political forces involved in the allocation of private and public funds. The more the task environment changes and the number of programs within an organization increases, the more one must scan the environment and interact with the different individuals and groups therein. This often results in an increase in the size and complexity of the executive level, even in medium-sized organizations, and a division of responsibility among executive staff members and key members of policy-making bodies—both in governmental and private organizations—for dealing simultaneously with

internal processes and external relationships. The demands of a larger executive staff and the need for skills to handle the external environment and manage the actual delivery of services can create organizational strain, especially with respect to budget priorities and the roles of professionals and executives in determining program policy.

In many human service organizations, the introduction of methods to centralize control and accountability has strained relationships between professional specialists and administrators and between front-line workers and administrators. This often results in an increased degree of “loose coupling” and unofficial decentralization that exists apart from an organization’s formal structure (Ouchi, 1978). Professionals in specialized service units develop procedures to shield themselves from administrative control, while “street-level bureaucrats” continue to apply traditional norms and procedures despite numerous memoranda and manuals designed to promote change or to control practice (Lipsky, 1980). To reduce the difficulty accompanying change in established units, organizations frequently create new program units to handle new program functions, but this merely increases the competition for available resources and makes organizational management more complex. Conditions of loose coupling in complex human service organizations require internal administrators to have skill in diplomacy and negotiation, in addition to a capacity to make decisions and exercise authority.

### **THE INCREASED IMPORTANCE OF SERVICE NETWORKS**

Among the most significant aspects of the task environment are a human service or-

ganization's relationships with other organizations that compose the service delivery system or "implementation structure" (Hjern & Porter, 1981). The proliferation of increasingly specialized governmental, nonprofit, and for-profit organizations has required many people to obtain services from several different organizations—especially when these people suffer from chronic problems or when one suffers from a combination of economic and health/disability difficulties. The effectiveness of the entire service delivery system—rather than that of any single program of a single agency—is the most important criterion for evaluating successful provision of human services. Barriers and gaps in this system—such as, for example, poor linkages between psychiatric hospitals and community-based "after-care" programs—can cancel the benefits provided by a specific program.

Unlike individual organizations, service delivery systems are not based on hierarchical, bureaucratic principles. Therefore, these systems are not subject to control from a single source of authority. The resolution of difficulties within service delivery systems, or the adaptation of these systems to changing environments, requires skills of diplomacy and negotiation that have not traditionally been considered central to administrative practice. Effective leadership within these systems also requires substantial knowledge about the service technologies of individual programs, the roles of professionals and specialists, and the availability of alternative technologies for accomplishing the same objectives (Austin, 1983b). A general knowledge of management control technologies is not sufficient.

The presence of loose coupling in most large human service organizations and the complexity of network relationships

demonstrates that any assumption that a direct connection exists between public policy decisions and a particular pattern of service delivery is highly simplistic. The processes of implementation are becoming viewed as at least as important as the processes of policy development and enactment (Mayer, 1985).

Moreover, although administrative leadership plays an essential role in the effective delivery of services for education, health care, or personal social needs, more than leadership is required. Unlike goods-producing firms in the private sector, neither economic incentives, nor administrative directives and monitoring systems, nor mechanical and electronic technology can ensure the provision of adequate—much less high-quality—services by individual organizations or service delivery systems. Normative commitment, technical competence, and personal initiative are required of front-line personnel for any program to effectively deliver human services. These elements cannot be created by either the enactment of social policy or administrative mandate, but are at the core of the concept of professionalism, a component of an effective service delivery system.

The development of coalitions—which often include human service organizations, professional associations, advocacy groups, and political and civic leaders—is often critical to a successful struggle for funds and public support, especially in times of fiscal stringency (Weiner, 1984; Weisner, 1983). Such coalitions may also prove significant for defining the terms of reform and innovation within service delivery systems and for establishing domain boundaries and organizational responsibilities within these systems. The ability to build coalitions is often a significant element of an administrator's diplomatic skill.

## CONCLUSION

The transformations discussed above are not "value neutral," but will have a cumulative effect on the character of the welfare state as it develops in the U.S. and other postindustrial societies. Many of these changes raise profound questions about the fairness and equity of the availability of human services. Concern has arisen that the trends toward private delivery of services, reliance on marketplace mechanisms, and emphasis on efficiency and control—especially in government-administered programs—could accentuate the development of a multitiered, inequitable service delivery system, one that closely parallels the pattern of economic inequality within American society (Leon, this issue).

Such inequity could result either from the development of essentially separate service delivery systems for different groups or from an increase in barriers to service availability for low-income recipients or those from minority groups. Such barriers—including reduced access to service, selective access to information, long waiting lists for services, stigmatizing application procedures, highly restrictive eligibility criteria, and differential assignment of qualified professional and technical personnel—could actually perpetuate and accelerate the harmful effects of an inequitable distribution of income that results from the workings of the labor market, thereby nullifying previous efforts to provide services for education and health care to at least partially offset the negative consequences of economic inequality.

One must also acknowledge, however, that the restructuring of human service programs may actually improve the quality of the services delivered and make scarce resources more available to those most in need. For example, the operation

of large, publically-administered residential institutions has often been associated with high costs and ineffectiveness. By increasing the number of sources of this service, more choices and less social control may result if low-income recipients are covered by insurance or similar funding systems. While the current provision of hospital services through Medicaid has problems—including escalation of costs—this source of service is a substantial improvement over the large open wards providing charity medical care that were characteristic of many public hospitals. Diversification may also grant more opportunities for greater responsiveness to specific populations, including minority groups (Gary, this issue). Despite problems of access and coordination, a diverse network of service providers could substantially improve conditions for the people they employ, giving them greater autonomy, a higher degree of personal responsibility for professional specialists, and increased opportunities for program administrators to employ entrepreneurial initiative and innovation. A greater opportunity may also exist for exploring many patterns for collaborating to provide services, ones that could involve both families and professional specialists.

No matter what conditions arise, many policy choices will need to be made with respect to the allocation of resources and the forms of service provision. But, no matter what structure service delivery employs, the fundamental public policy issue will continue to be the development of methods that ensure adequate access to essential services, regardless of economic or social status.

## REFERENCES

- Austin, D. M. (1981). The political economy of social benefit organizations: Redistributive services and merit goods. In H. D. Stein (Ed.), *Or-*

- gation and the human services: Cross-disciplinary reflections. Philadelphia: Temple University Press.
- Austin, D. M. (1983a). Administrative practice in human services: Future directions for curriculum development. *Journal of Applied Behavioral Science*, 19, 141-151.
- Austin, D. M. (1983b). Program design issues in the improved administration of human services programs. *Administration in Social Work*, 7, (1), 1-11.
- Bawden, L. D., & Palmer, J. L. (1984). Social policy: Challenging the welfare state. In J. L. Palmer & I. V. Sawhill (Eds.), *The Reagan record*. Washington, DC: The Urban Institute.
- Bendick, M., & Levinson, P. (1985). Private-sector initiatives or public-private partnerships. In L. M. Salamon & M. S. Lund (Eds.), *The Reagan presidency and the governing of America*. Washington, DC: The Urban Institute.
- Berger, P. L., & Neuhaus, R. J. (1977). *To empower people: The role of mediating structures in public policy*. Washington, DC: American Enterprise Institute.
- Bluestone, B., & Harrison, B. (1982). *The deindustrialization of America*. New York: Basic Books.
- Checkoway, B. (1985). Neighborhood planning organizations: Perspectives and choices. *Journal of Applied Behavioral Science*, 21, 471-486.
- Duncan, G. J. (1984). *Years of poverty, years of plenty*. Ann Arbor, MI: Institute of Social Research, The University of Michigan.
- Gary, L. (1985). Attitudes toward human service organizations: Perspectives from an urban black community. *Journal of Applied Behavioral Science*, 21, 445-458.
- Gilbert, N. (1983). *Capitalism and the welfare state*. New Haven: Yale University Press.
- Gilbert, N. (1985). The commercialization of social welfare. *Journal of Applied Behavioral Science*, 21, 365-376.
- Ginzberg, E., & Vojta, G. (1981). The service sector of the U.S. economy. *Scientific American*, 244, 48-55.
- Glazer, N. (1983). Towards a self-service society? *The Public Interest*, 70, 66-90.
- Hadley, R., & Hatch, S. (1981). *Social welfare and the failure of the state: Centralised social services and participatory alternatives*. London: George Allen and Unwin.
- Harris, C. S. (1984). The magnitude of job loss from plant closings and the generation of replacement jobs: Some recent evidence. *The Annals of the American Academy of Political and Social Science*, 475, 15-27.
- Hasenfeld, Y. (1983). *Human service organizations*. Englewood Cliffs, NJ: Prentice-Hall.
- Hasenfeld, Y. (1984). The changing context of human services administration. *Social Work*, 29, 522-529.
- Hatten, M. L. (1983). Strategic management for not-for-profit organizations. *Strategic Management Journal*, 3, 89-104.
- Hirschhorn, L., & Associates (1983). *Cutting back*. San Francisco: Jossey-Bass.
- Hjern, B., & Porter, D. (1981). Implementation structures: A new unit of administrative analysis. *Organization Studies*, 2, 311-327.
- Kotler, P. (1982). *Marketing for nonprofit organizations*. Englewood Cliffs, NJ: Prentice-Hall.
- Kramer, R. (1985). The future of the voluntary agency in a mixed economy. *Journal of Applied Behavioral Science*, 21, 377-391.
- Kramer, R., & Terrell, P. (1984). *Social services contracting in the bay area*. Berkeley: Institute of Government Studies, University of California.
- Kuttner, R. (1984). *The economic illusion: False choices between prosperity and social justice*. New York: Houghton Mifflin.
- Lauffer, A. (1984). *Strategic marketing for not-for-profit organizations*. New York: Free Press.
- Levine, C. H., Rubin, I. S., & Wolohojian, G. (1982). Managing organizational retrenchment. *Administration and Society*, 14, 101-136.
- Leon, J., & Braisted, D. (1985). Single-point entry: An organizational form in the delivery of services to the aged. *Journal of Applied Behavioral Science*, 21, 459-469.
- Lipsky, M. (1980). *Street-level bureaucracy*. New York: Russell Sage Foundation.
- Litwak, E. (1985). Complementary roles for formal and informal supports: A study of nursing homes and mortality rates. *Journal of Applied Behavioral Science*, 21, 407-425.
- Masi, D. (1982). *Human services in industry*. Lexington, MA: D.C. Heath.
- Mayer, R. R. (1985). *Policy and program planning: A developmental perspective*. Englewood Cliffs, NJ: Prentice-Hall.
- Ouchi, W. G. (1978). Coupled versus uncoupled control in organizational hierarchies. In M. W. Meyer & Associates (Eds.), *Environments and Organizations*. San Francisco: Jossey-Bass.
- Peterson, G. E. (1984). Federalism and the states: An experiment in decentralization. In J. L. Palmer & I. W. Sawhill (Eds.), *The Reagan record*. Washington, DC: The Urban Institute.
- Poole, D. (1985). The future of public and private partnerships for the provision of human services: Problems and possibilities. *Journal of Applied Behavioral Science*, 21, 393-406.

- Preston, S. H., (1984). Children and the elderly in the U.S. *Scientific American*, 251, 44-49.
- Salamon, L. M. (1984). Nonprofit organizations: The lost opportunity. In J. L. Palmer & I. V. Sawhill (Eds.), *The Reagan record*. Washington, DC: The Urban Institute.
- Siegel, J. S., & Davidson, M. (1984). *Demographic and socioeconomic aspects of aging in the United States*. Washington, DC: U.S. Bureau of the Census.
- Sjoberg, G., Vaughan, T. R., & Williams, N. (1984). Bureaucracy as a moral issue. *Journal of Applied Behavioral Science*, 20, 441-454.
- Spivey, A. (1985, May). Problems and paradoxes in economic and social policies of modern welfare states. *The Annals of the American Academy of Political and Social Science*, 479, 14-30.
- Thurow, L. C. (1980). *The zero-sum society*. New York: Basic Books.
- U.S. Bureau of the Census. (1984). *Statistical Abstracts of the United States*. Washington, DC: U.S. Government Printing Office.
- Vinter, R., & Kish, R. (1984). *Budgeting for not-for-profit organizations*. New York: Free Press.
- Walker, J. M. (1983). Limits of strategic management in voluntary organizations. *Journal of Voluntary Action Research*, 12, 39-55.
- Weiner, H. (1984). Survival through coalition: The case of addictions programs. In F. D. Perlman (Ed.), *Human services at risk*. Lexington, MA: Lexington Books.
- Weisner, S. (1983). Fighting back: A critical analysis of coalition building in the human services. *Social Service Review*, 57, 291-306.
- Yoak, M., & Chesler, M. (1985). Alternative professional roles in health care delivery: Leadership patterns in self-help groups. *Journal of Applied Behavioral Science*, 21, 427-444.
- Yoder, J. A. (1985). *Conference Report: International conference on support networks in a caring community; research and policy, fact and fiction*. The Hague: The Dutch Board for Research into the Social Services.
- Zald, M. (1977). Demographics, politics, and the future of the welfare state. *Social Service Review*, 51, 110-124.