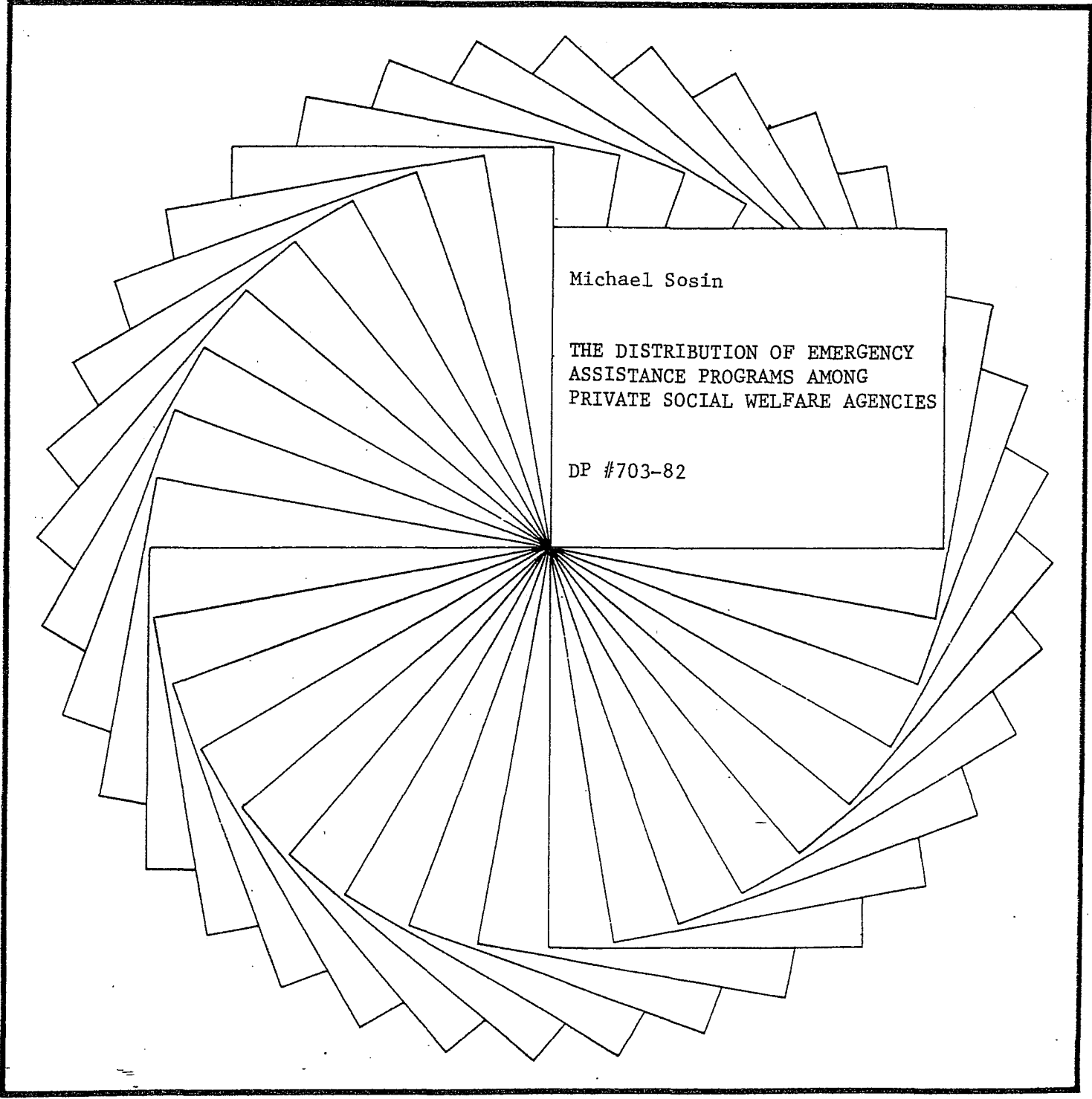




Institute for Research on Poverty

Discussion Papers

A large graphic consisting of a stack of many overlapping, slightly offset rectangular papers. The papers are arranged in a fan-like pattern, radiating from a central point. The top-most paper is white and contains the text for the discussion paper.

Michael Sosin

THE DISTRIBUTION OF EMERGENCY
ASSISTANCE PROGRAMS AMONG
PRIVATE SOCIAL WELFARE AGENCIES

DP #703-82

The Distribution of Emergency Assistance Programs
among Private Social Welfare Agencies

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Abstract

Private social welfare agencies are potentially quite important in meeting emergency needs of individuals, yet few such agencies provide emergency assistance. This paper tests alternate theories concerning the differences between those private agencies that dispense emergency aid and those that do not. Using data from all private welfare agencies in twelve randomly selected counties, this study finds that agencies dispensing emergency assistance are found in communities with lower than average public welfare benefits. In addition, compared to other agencies, those dispensing emergency aid are less likely to maintain other programs that deal with problems of individual functioning, tend not to specialize in clients of a particular age group, and are more likely to operate under religious auspices. It is suggested that the weight of these results, when placed in the context of Cloward and Epstein's (1967) noted article about the disengagement of private social agencies from serving the poor, present a challenge to some parts of the contemporary ideology of professional social work.

The Distribution of Emergency Assistance Programs
among Private Social Welfare Agencies

Emergency financial assistance is a very important service for social welfare agencies to provide. Many individuals face short-term needs owing to such exigencies as natural disasters, breakdowns of major appliances, lost public assistance checks, or the occasional inability to meet basic needs for food, shelter, or clothing on a limited salary or public assistance grant. Emergency assistance helps meet these needs by providing temporary, immediate, individualized aid to alleviate a crisis situation.

Private social service agencies, at least in theory, have an important role to play in meeting emergency financial needs. To be sure, in most localities public programs meet some emergency needs, but these programs clearly are not sufficient. Most counties have public programs limited to meeting the needs of only some groups of clients (such as AFDC families, or the elderly) and some emergency situations. The remaining gaps must be filled by private welfare agencies. Indeed, county public welfare officials who are queried about their programs claim that private agencies are the only source of emergency support for some clients and situations (Handler and Sosin, 1980; The Calumet Institute, 1978; Newsome, 1977).

Each private agency that delivers emergency assistance usually has a specific budget and priorities. Accordingly, a fairly large network is needed to cover the large range of clients and needs that arise (Maryland Department of Human Resources, 1979). Unfortunately, according to the survey to be described below, only 12.7% of these agencies dispense emergency assistance. It is no wonder that public welfare officials,

while noting their own limits, are also concerned about the limits of private aid (Handler and Sosin, 1980).

Why is private emergency aid limited? The literature on the subject is sparse, but a set of hypotheses is indirectly provided by Cloward and Epstein (1967) in their noted article proclaiming that family adjustment (counseling) agencies disengaged themselves from the poor between 1930 and 1960. The article relies on the provision of material assistance by family adjustment agencies as the indicator of services to the poor, and discusses possible causes of a reduced emphasis on financial matters by private family adjustment agencies.

Cloward and Epstein (1967) admit that one rationale for the decrease in the provision of material benefits may have been the reduction in the need for continuing financial aid brought about by the end of the Great Depression and the increase in public relief. But they argue that emergency needs remain and are sufficiently provided for. The authors believe that the refusal to provide tangible services is best viewed as part of a broad change in the focus of social agencies. Private agencies came to stress what might loosely be called "problems in individual functioning," those relying on casework to help individuals adjust to their environment. The agencies tended to shy away from dealing with tangible needs or material problems. The new focus promised to create a more professional status, to increase the self-esteem of workers, and to ensure the support of the community. It also promised to bring more middle class clients into the agency, again increasing status. Emergency assistance was seldom provided because it seemed to be inconsistent with the new image.

Cloward and Epstein's argument is clearly not definitive for our purposes. It is largely based on theory rather than on analysis of the orientation of private agencies, and it focuses on historical change rather than on contemporary patterns. Moreover, it is limited to one type of agency, and it considers all financial services, not just emergency aid. Nevertheless, given the limits of private emergency assistance efforts as a whole, an obvious question emerges: Do Cloward and Epstein's claims about the focus on problems in individual functioning, or some variant, explain why few private agencies dispense emergency aid? This paper attempts to address that question. Using Cloward and Epstein's article and other sources, it derives and tests hypotheses concerning the distribution of emergency aid programs among private agencies. It uses the results of the analysis to help explain the current limits to the private maintenance of emergency aid programs.

THEORY AND HYPOTHESES

To identify reasons for the low level of emergency aid programs within private agencies, an appropriate empirical strategy involves comparing traits of agencies that dispense emergency assistance with traits of agencies that do not. Presumably, the uncovered differences, if based on theory, might help explain the general reason for the insufficiencies. For example, a slight extension of Cloward and Epstein's argument is that the focus on problems in individual functioning limits the provision of emergency aid among all agencies. If those agencies that do not dispense emergency aid tend to focus on such problems more than agencies that provide emergency assistance, some support for the arguments is gained.

With the focus of this paper on the private sector as a whole, there are also many other potentially relevant traits. Factors include the age group served, the auspices of the agency, and the other types of problems handled by the agency, as well as whether or not there is a focus on problems in individual functioning. All of these orientations--called missions in this paper--may affect the provision of emergency aid and should be taken into consideration in developing hypotheses and testing them.

It is also important to develop hypotheses that do not involve the mission of an agency. Perhaps emergency aid is infrequently provided because of a high level of community wealth and public resources, and thus a low level of need for aid. (Cloward and Epstein claim that to a small extent such factors help explain a reduction in dispensing long-term financial aid.) Or, it may be that the lack of sufficient community resources makes it difficult to mobilize enough support to provide such aid. These two hypotheses, if true, obviously present a somewhat less critical view of private agencies than the hypotheses involving mission. They must therefore be tested to discern the rationale for the limits of private emergency aid.

To begin the analysis of the role of mission, needs, and resources, it is useful to develop hypotheses involving all three factors, comparing those agencies that dispense emergency aid with those that do not.

Hypothesis 1. The mission of a private agency affects its probability of maintaining an emergency assistance program.
In particular:

- A. Agencies that focus on problems in individual functioning are less likely to maintain an emergency program than other agencies.

- B. Agencies that specialize in an age group are less likely to maintain an emergency program than other agencies.
- C. Agencies that focus on problems normally considered to be common among the poor and underprivileged are more likely to maintain an emergency program than other agencies.
- D. Agencies with a religious auspices are more likely to maintain an emergency program than other agencies.

As noted earlier, Cloward and Epstein believe that disengagement of family adjustment agencies from providing material assistance to the poor reflected an increased stress on missions involving problems in individual functioning. Clearly, it is important to test whether this mission relates to the provision of emergency aid in all private agencies at present. Additionally, age specialization may be important. Recent research implies that the focus on a single age group is part of an emphasis on providing limited, professional services (Grønberg, 1982; Sosin, 1982). Thus, it might be that specializing in clients of a certain age group, like the focus of an agency on problems in individual functioning, indicates an emphasis on services that are inconsistent with the provision of emergency aid.

These parts of the first hypothesis suggests that private agencies with certain characteristics are not likely to provide an emergency aid program. It also seems likely that some agencies might have a higher probability of providing a program for such needs. Cloward and Epstein (1967) suggest that an unwillingness of agencies to suffer the low level of status that serving the poor entails is one reason for the limited provision of material assistance. But since the 1960s, the expansion of private agencies, accomplished with the help of governmental support (Terrell, 1979), apparently has altered the distribution of agencies. A larger percentage of agencies may deal with problems that are more clo-

sely related to needs of the poor and underprivileged--for example, problems involving unemployment. Perhaps agencies that deal with problems affecting these groups, comfortable with the level of status that is involved, may be more willing also to provide emergency programs.

A final possibility is that agencies with a religious auspice are more likely to provide an emergency program. Historically, many such agencies have desired to maintain ethnic and religious solidarity against the inroads of the broader society. Providing material assistance was often viewed as part of this larger mission (Coughlin, 1965; O'Grady, 1931). Ethnic solidarity is generally no longer stressed in most private agencies (Grønberg, 1982; Sosin, 1982), but certain aspects of the mission might still remain (Stinchcombe, 1965). In particular, agencies with a religious auspice seem to continue to view themselves as meeting the broader needs of a local community, and this orientation might more readily include the provision of emergency assistance.

Hypothesis 2. The level of apparent need in the surrounding community affects the probability that an agency will maintain an emergency program. In particular:

- A. Agencies in communities with a more sufficient public welfare program will be less likely to maintain an emergency program.
- B. Agencies in communities in which a larger proportion of the population has financial needs will be more likely to maintain an emergency program.

As has been mentioned, Cloward and Epstein (1967) admit that reduced level of need in the community might be a secondary cause of the reduction in private financial aid. As the Great Depression ended and more programs were instituted by government, private agencies reduced their interest in financial matters. A derivation of this idea is that the extensiveness of the public welfare effort within a community affects the propensity of private agencies to maintain an emergency program. When

welfare benefits are higher or more public emergency programs are available, private agencies might claim that the need is being met and that private supplementation is not as necessary (Kramer, 1981).

Along the same line, the general level of financial need in the community may play a role. Perhaps when financial problems are more severe, agencies are more likely to perceive the need and institute emergency programs of their own.

Hypothesis 3. The level of resources in the surrounding community affects the probability that an agency will maintain an emergency program. In particular:

- A. Agencies in communities with greater financial resources are more likely to maintain an emergency program.
- B. Agencies in communities with a greater capacity to organize are more likely to maintain an emergency program.

Although less emphasized by Cloward and Epstein (1967), community resources may be too important to ignore. Emergency programs demand financial support, and it is possible that agencies are more likely to provide for emergency aid when the community has a larger potential to contribute funds. But nonfinancial community resources may also be important. Stinchcombe (1965) argues that the development and maintenance of organizations demands a certain level of knowledge and sophistication--that is, a greater "capacity" to organize. Perhaps communities with a greater capacity to organize in general will also be able to more frequently promote agencies that distribute emergency assistance.

PLAN OF THE ANALYSIS

The hypotheses are tested with data derived from a pilot study of private agencies. The study involves twelve counties that were randomly selected through a stratified sample design (Handler and Sosin, 1980).

The counties range in size from a population of forty thousand to a population of slightly above one-half million.

The local directory of social service agencies for each county was used. Each directory contains a listing of all private social welfare agencies in the county, along with a description of the clients, services, and problems with which the agency is involved. Information from 1024 private agencies was coded to obtain measures of mission and of the availability of an emergency program.¹

County-level variables were obtained from a wide number of sources: The County and City Data Book of 1977 helps provide demographic information, a United Way publication is useful in determining resources (United Way, 1980), and a government publication includes information about some public programs at the county level (U.S. Department of Health and Human Services, 1980). A survey of county welfare officials includes a measure of the extent of public emergency assistance programs (Handler and Sosin, 1980).

These various sources contain data essential to turning the hypotheses into variables that may be statistically analyzed. The dependent variable, whether an agency has an emergency assistance program, is derived directly from the information found in the directories. The measures of the mission of each agency are also derived from this source. Four variables are used to measure an agency's focus on problems in individual functioning--whether the agency deals with (1) individual and family problems, (2) mental health, (3) developmental disabilities, or (4) problems of the handicapped. The first two variables are derived directly from Cloward and Epstein's presentation. The latter two are included under the assumption that a definition of problems in individual functioning should include efforts to rehabilitate individuals with deve-

developmental disabilities and handicaps. Indeed, whether one accepts this definition of problems in individual functioning or not, the focus on problems of the developmentally disabled and handicapped probably involves a stress on professional service and the perception of status that Cloward and Epstein (1967) believe limits the provision of material aid.

Measures of age specialization and religious auspices are directly taken from the county directories. The focus on problems of the poor and underprivileged clients is measured by five variables: whether an agency deals with (1) drug dependency, (2) alcoholism, (3) unemployment, (4) aging, and (5) criminal justice. Admittedly these areas are broad (some may even overlap with dealing with problems of individual functioning), but all were included to cast the broadest net possible in searching for missions that be consistent with the provision of emergency aid.

Measures of the level of need in the community in which a private agency operates stem from the various sources of information about the community. Four measures involve the extent of public programs: total county welfare expenditures per capita, county Aid to Families with Dependent Children expenditures per capita, county General Assistance expenditures per capita, and the number of public emergency assistance programs in the county. Two measure involve general community need: the percentage of the county population in poverty, and the unemployment rate.

Finally, some measures represent the community resources surrounding each agency. The potential for financial support is indicated by the population size of the agency's county, the average income, and the level of United Way donations.² Consistent with Stinchcombe's (1965) point of

view, capacity is indicated by the county's level of urbanization and education.

Methods

A large number of independent variables are tested in this paper, and it is important to determine the relation of each to the availability of an emergency program in private agencies. To deal with the large number of independent variables, a multivariate scheme must be used. This cannot be multiple regression, because the dependent variable is dichotomous.

A multiple-stage design is thus used to develop the appropriate analysis. First, simple bivariate relations between the dependent variable and the independent variables are calculated. The bivariate relations indicate whether each variable is more commonly associated with agencies that have emergency programs compared to those that do not. For example, if a focus on mental health problems is more common in agencies that have emergency programs than in agencies that do not, there is some support for the hypothesis that a mental health orientation is related to a reluctance to provide emergency aid. The bivariate relations are calculated using a t-test, with a .05 level of statistical significance. For this data, in which all independent variables are either continuous or dichotomous (such as whether an agency focuses on a mental health or not), t-tests are appropriate (Huntsberger, 1967).

Multivariate analysis proceeds for variables that have a statistically significant bivariate relation to the availability of emergency programs. The most appropriate statistical technique is discriminant analysis, which indicates the contribution each variable makes to predicting whether (in this case) an agency has an emergency program, or

does not. Statistical significance can be tested with an F-test and the Wilks lambda ratio (Cooley and Lohnes, 1971).

One possible analytic technique would be to include all of the relevant variables in the discriminant equation. This procedure is not adopted because some of the independent variables are closely correlated to each other, so that the results of such a procedure could be quite misleading. For example, if two closely related independent variables are in the same equation, neither may demonstrate a statistically significant relation with the dependent variable even though each, if in the equation alone, would demonstrate a significant relation.

This paper therefore uses a stepwise discriminant analysis. First, a causal ordering among the three hypotheses is postulated. Presumably, the variables involving agency mission are most proximate to the dependent variables, community needs variables might operate partly through mission variables, and variables representing community resources might have the most indirect relations. In the stepwise procedure, groups of variables were entered in their presumed causal order. The mission variable with the strongest relation to the availability of emergency assistance is entered in the equation first. The mission variable with the strongest relation controlling for the first variable is added next, and so on until all mission variables with statistically significant relations (at the .05 level) have been entered into the equation. The next step is successively to add each variable representing community need, if it retains statistical significance. Variables indicating community resources are entered last.

A potential problem with the stepwise procedure is that it excludes from the final equation variables that have a strong relation with the dependent variable but that are also closely correlated with a factor

that has already entered the equation. This is not a problem when dealing with variables in different groups, because a causal ordering is hypothesized. However, it can result in misleading results within each group. To avoid such a problem, the bivariate relations are reported in the text. With these results in mind, a careful analysis is made of the way in which variables that enter the equation affect the contribution of other variables. Any potential problems with the procedure are reported in the paper, and the possible implications of the problems are discussed.

Indirect effects are also possible. For example, if measures of community resources do not enter the equation, they may still be indirectly related to the availability of emergency assistance programs if they relate to the measures of mission that in turn are directly related to the dependent variables. Therefore, in the following analysis, indirect effects are examined by searching for statistically significant relations between those independent variables that enter the final equation and those that do not. These significant relations are reported in the text, although they are not included in tables.

RESULTS

Table 1 reports the bivariate relations, and Tables 2 and 3 report the discriminant analysis results. As can be determined from the second and third tables, the procedure appears quite successful in predicting the availability of emergency aid programs. Five variables are included in the final discriminant equation in Table 2. Together they correctly categorize 75% of the agencies, as shown in Table 3. That is, knowing the scores on the five variables of each agency and the discriminant

Table 1

Bivariate Relations Involving the Availability
of Emergency Aid through Private Agencies

Variable	Frequency or Mean		
	Agencies Dispensing Emergency Aid (N = 131)	Agencies Not Dispensing Emergency Aid (N = 893)	All Agencies (N = 1024)
<u>Mission of Agency</u>			
Mental health problems	1.5%	9.6%	8.6%*
Individual and family problems	21.4	29.2	28.0
Problems of the handicapped	4.6	11.0	10.2*
Problems of the developmentally disabled	2.3	8.4	7.6*
Age specialization	9.9	61.6	55.0*
Drug problems	1.5	3.2	3.0
Alcoholism	9.2	7.5	7.7
Unemployment	14.5	9.5	10.2
Aging	9.2	9.0	9.0
Criminal justice	2.3	3.4	3.2
Religious auspices	42.8	11.3	15.3*
<u>Level of Need in Community</u>			
AFDC per capita	\$22.34	\$26.03	\$25.56
General Assistance per capita	\$0.41	\$1.01	\$0.99
Total public welfare per capita	\$20.37	\$17.91	\$18.23
Public emergency programs (number)	4.3%	4.5%	4.5%
Portion of county in poverty	11.8%	10.0%	10.2%
Unemployment rate	4.67%	4.67%	4.6%
<u>Extent of Community Resources</u>			
Population	278,947	241,443	246,236*
United Way index ^a	94.5	87.0	88.0*
Average income per capita	\$4445.60	\$4544.03	\$4531.45*
Urbanization of county	74.3%	66.2%	67.2%*
Average education level (grade completed)	12.0	12.2	12.2*

^aIndex developed by United Way (1980). Higher scores indicate higher donations compared to resources.

*p < .05.

Table 2

Discriminant Analysis: Provision of
Emergency Aid by Private Agencies

Variable	Standardized Discriminant Score	Wilks Lambda Ratio to Enter Equation	Level of Statistical Significance
Mission: religious auspices	.523	.880	.001
Mission: age specialization	-.708	.827	.001
Mission: mental health problems	-.307	.811	.001
Mission: problems of the handicapped	-.184	.806	.001
Community need level: AFDC payment per capita	-.250	.800	.001

Note: Variables are reported in the table in the order in which they entered the equation. See text for a description of the analysis.

Table 3

Results of Final Discriminant Equation

Actual Classification of Agency	Predicted Classification	
	No Emergency Aid Program	Emergency Aid Program
No emergency aid program (N = 893)	75.3%	24.7%
Emergency aid program (N = 131)	24.4	75.6

Note: Final equation uses scores of the variables in Table 2. Rows total to 100%.

score that indicates the score on each variable at which an agency should fall in one of the two categories (having emergency program or not having an emergency program), one would be able to predict whether or not an agency has an emergency program about 75% of the time. Using the discriminant analysis and the bivariate relations, each hypothesis can be assessed.

1. The first hypothesis states that the mission of the agency affects the probability that an emergency program will be provided. Because four of the five variables in the final equation represent this hypothesis, there is strong evidence for this point of view. Emergency programs are less common among agencies that focus on mental health problems or problems of the handicapped, and among agencies that specialize in clients of a particular age. But they are more common among agencies with a religious auspice.

One part of the first hypothesis is that an orientation toward problems in individual functioning reduces the propensity to maintain an emergency program, and this seems to be strongly supported. Two of the four variables representing this hypothesis are found in the final equation. Indeed, according to Table 1 a third variable, the focus on developmental disabilities, has a strong bivariate relation with the dependent variable. Looking at the stepwise procedure, this variable only loses statistical significance when the focus on handicaps enters the equation. Indeed, an attempt was made to repeat the discriminant analysis without including the variable representing problems of the handicapped, and the variable involving developmental disabilities remained in the equation. The two variables are thus apparently closely linked

statistically; emphases on handicaps and developmental disabilities seem to be part of a general factor.

The only exception to support this part of the hypothesis is that, even in Table 1, there is no statistically significant relation between the dependent variable and the focus on individual and family problems. The relation, however, is in the expected direction; it is, in fact, quite close to statistical significance. The discrepancy from this part of the hypothesis is thus slight.

The expectation that age specialization is related to a reduced propensity to dispense emergency aid is also supported. Its standardized coefficient in the final equation is the largest, $-.708$, indicating that the variable is a very good predictor. This strength is also supported by the results in Table 1; only 10% of the agencies that dispense emergency aid specialize, while only 62% of agencies that do not provide emergency aid have an age specialization.

There is also strong support for the claim that agencies with a religious auspice are more likely to maintain emergency programs. Looking at Table 2, the standardized coefficient is the second largest ($.523$), after the variable representing age specialization. Accordingly, as displayed in Table 1, only 11% of those agencies that do not provide emergency aid have a religious auspice, while 43% of agencies providing such aid are so organized. Another way of illustrating the strength of the relationship is that only 12.7% of all agencies provide an emergency aid program, but 38.8% of agencies with a religious auspice provide such aid.

The only part of the first hypothesis that is not supported involves agencies that deal with the poor and underprivileged. None of the variables representing such missions are found in the final equation, nor

do any have statistically significant bivariate relations with the dependent variable. Any explanation is tentative, but it may be that many of these agencies use personal, counseling methods; consequently, the tendency to deal with needs of the poor and underprivileged (which may promote provision of emergency assistance) is offset by use of the methods that may inhibit provision.

2. The second hypothesis involves the relation of community need to agency propensity to have an emergency program. One of the six variables representing this hypothesis, the average Aid to Families with Dependent Children benefit per capita in a community, is in the final equation. The lower the benefit, the more likely it is for any agency in the community to provide an emergency program. However, the standardized coefficient (-.250) is small compared to most of the mission-related variables in the final equation.

One of the other variables, the proportion of the community population in poverty, is related to the dependent variable in the bivariate case, but not in the final equation. A careful look at the stepwise procedure indicates that this variable would be included in the final equation if the AFDC benefit per capita were not included--that is, the entrance of AFDC benefits into the equation reduces the relation involving the poverty population to statistical insignificance. Perhaps a more general underlying concept, the perception of need by agencies, is represented by AFDC benefits per capita as well as by the proportion of the community in poverty.

The other four variables involved in the second hypothesis (General Assistance benefits, unemployment rate, total welfare expenditure, and number of public emergency programs) are not involved in the final equation, nor do they have statistically significant bivariate relations

with the propensity of an agency to provide emergency assistance. No high-level theoretical explanation is apparent for these discrepancies from the hypothesis. A partial explanation may be that private agencies are more concerned with family problems and the general level of community well-being than with financial problems of these specific groups. Perhaps the extent of aid to General Assistance recipients, the number of unemployed, or the aid offered to all who receive government benefits are not as carefully considered as are the level of poverty or the extent of AFDC benefits when private agencies decide whether to provide emergency aid. Moreover, because the problems caused by low AFDC benefits may be more severe than those caused by a small public emergency program, the latter variable may also not affect the propensity of private agencies to provide emergency aid.

3. The third hypothesis relates the level of community resources to the provision of emergency aid by private agencies in the community. There is no direct support for this hypothesis, as none of the variables representing resources enter the final equation. Nevertheless, there are many bivariate relations in Table 1. Emergency aid is more likely to be provided by agencies in communities that have a larger population, a higher rate of urbanization, or a larger United Way effort. Community education and income demonstrate the opposite relations.

Two relations are opposite from predictions--community education and income levels are lower when emergency aid is provided by agencies--and they seem to result from the effect of need. Basically, education and income levels in this sample are lower in counties in which public welfare benefits per capita are smaller.³ Analyzing the stepwise

procedures these variables lose statistical significance when the measure of AFDC enters the discriminant analysis.

The AFDC per capita variable is also responsible for the reduction in the effect of urbanization, population size, and United Way effort, all of which lose their statistically significant relation when the AFDC level is entered in the equation. Indeed, the five community resource variables were placed in a regression (not in a table), and they explain 94% of the variance in the measure of AFDC. When a community has a high population, higher level of urbanization, larger United Way benefits, lower average income, and lower educational levels, then AFDC benefits are lower. Perhaps these traits relate strongly to AFDC benefits per capita (which is found in the final equation) because they are part of the general need concept that also involves AFDC benefits. These indirect relations thus seem to lend support to the conclusion that private agencies are slightly more likely to have an emergency program when there is more need in the community. Needless to say, this plausible needs-based explanation is far from the hypothesized role of community resources in increasing the emergency aid capacity.

A second set of indirect relations also exists. The rate of urbanization of a community is higher (to a statistically significant degree) when agencies have a religious auspice (a mean of 71.5% as opposed to 66.5%, otherwise) and avoid specializing in an age group (a mean of 69.6% compared to 65.4%, otherwise). Perhaps urban communities have more religious diversity, and thus more religiously affiliated agencies. Urban communities may also have a stronger community-wide commitment to meeting needs of all age groups, leading to less age specialization in agencies in the community. Thus because religious auspices and less age specialization are consistent with a higher propensity to maintain an emergency

program, apparently urbanization indirectly contributes to the availability of emergency programs. But the relation between urbanization and these two measures is indeed small, and the role of resource-related variables is thus limited.

A Further Test

A possible complication might seem to exist. Some agencies focus only on emergency matters, and it might be objected that results involving age specialization, programs for the handicapped, and religious auspices, in particular, simply describe these specialists. Indeed, 37% of all agencies providing emergency aid carry out no other service activity. However, an attempt was made to control for these agencies by entering a variable representing specialization in emergency matters into the discriminant equation before entering the other variables. After it was entered all of the original relations remain, although they are slightly attenuated. This is summarized in Table 4. The results thus cannot be explained solely by the attributes of agencies that specialize in emergency matters, but instead have a more general applicability.

Summary

In sum, the results of the analysis are consistent with the central importance of the mission of private agencies, as four of the five variables in the final equation represent the hypothesis involving the mission of agencies. In fact, looking at the standardized coefficients of these variables in Table 2, it is clear that these variables explain a large part of the distribution. The strongest relations involve a religious orientation and age specialization. In addition the two variables repre-

Table 4

Discriminant Analysis: Provision of Emergency Aid by Private Agencies, after Specialization in Emergency Aid is Controlled

Variable	Standard Discriminant Score	Wilks Lambda Ratio to Enter Equation	Level of Statistical Significance
Mission: age specialization	-.391	.624	.001
Mission: religious auspices	.310	.598	.001
Mission: mental health problems	-.164	.592	.001
Mission: problems of the handicapped	-.071	.591	.001
Community need level: AFDC payment per capita	-.148	.585	.001

Note: Variables are reported in the table in the order in which they entered the equation. See text for a description of the analysis.

senting a focus on problems of individual functioning, if taken together, also demonstrate a large relation to the dependent variable.

The results play down the importance of governmental financial aid and the level of community need, because variables representing these concepts play only a secondary role in the distribution of emergency programs. Only one variable representing either concept is found in the final equation, and this variable has a small relation with the dependent variable.

There is also little evidence that the general level of resources in the community is a strong factor in the distribution of emergency programs. Variables representing this concept do not enter the final discriminant equation. There are indirect relations, but most seem to involve need, not the hypothesized availability of resources to support emergency programs. Another type of indirect relation is indicated, because one measure of community resources (urbanization) is related to two of the more important variables in the final equation (religious auspices and age specialization). Certain resources might thus promote the development agencies that are more likely to provide an emergency program. But because of the relation of the resource variable to the directly important measures is small, the indirect relation is only of secondary importance.

CONCLUSION

A central question of this paper is why the provision of emergency aid is uncommon. The analysis seems to help answer this question. For example, consistent with Cloward and Epstein's (1967) explanation, a focus on problems in individual functioning and on a specialized age

group are apparently common in agencies in which emergency aid is not provided. Currently, agencies with such missions dominate the private network (Sosin, 1982). Their reluctance to provide emergency aid thus may account to a large degree for the lack of private emergency programs, in general.

This argument can be taken even further. According to Cloward and Epstein, a desire for a professional orientation and a high status partly underlie the focus on problems in individual functioning in private agencies. It cannot be proved by the data, but perhaps such overall concerns are implicated in the low level of emergency programs in general, given the empirical link between types of agencies thought to be status conscious and the provision of emergency aid. It may very well be that the majority of private agencies that focus on problems of individual functioning and specialized services fear the reduction in status and lack of professionalism that dispensing emergency aid implies. Interestingly, agencies with a religious auspice, which presumably have less need for status or professionalism, are more likely to provide emergency aid. Religiously oriented agencies, however, are a small proportion of the total number of private agencies.

This explanation for the lack of emergency programs gains power from the fact that alternate claims are not supported. According to the data, the lack of emergency programs apparently is not primarily due to the perception that needs are met by government or the fact that there are few people in need. That is, if the agencies had such a perception, one would expect emergency programs to be more common when agencies are in communities with a higher level of community need or fewer public services. But the extent of such relations is quite limited according to the results of the analysis. In addition, the general level of community

resources does not seem to account for the limited provision of emergency aid.

Certainly, there are many issues that the data do not address. One involves the role of the specific environments of agencies. It may be the case that community support for agencies that do not provide material assistance would be reduced by focusing on emergency aid, or that the Board of Directors views the provision of emergency aid as a low status activity. Such possibilities need to be tested by further research.

The study also is limited because it looks at only part of the issue. Emergency aid depends not only upon what existing agencies do, but also upon the very ability of communities to support a sufficient number of agencies, some of which might provide emergency aid. The present paper must thus be supplemented by research about the size of the network.

Despite these limits, the study directs attention to some vital question of policy. Thus, one implication of the results is that certain agencies, especially those which specialize in client age group or which deal with problems in individual functioning, are less likely than other agencies to provide emergency aid programs. Individuals who are involved with such agencies, either as a participant or a source of support, might wish to consider if some further emphasis on emergency aid should be attempted. There is evidence that at least some such agencies deal with clients who have emergency needs. To take one example, the chronically mentally ill constitute a population that often deals with mental health agencies in the community, and which might benefit from emergency financial support from these agencies (Estroff, 1981).

Along the same line, the fact that agencies with a religious auspice dispense emergency aid with unusual frequency seems to be quite interesting. As the original hypothesis suggests, these agencies seem to

be oriented toward meeting the needs of a community to a slightly greater extent than other agencies, rather than being oriented toward solving a particular problem. Should social work agencies, in general, adopt such a philosophy more frequently? Are new funding mechanisms needed to allow such an orientation?

Finally, it has been noted that results imply that it is at least possible that Cloward and Epstein are correct, and that a penchant for professionalization and high status underlies the lack of emergency assistance programs in some agencies. Perhaps social work professionals in some way develop the impression that meeting material needs of clients is either not as important as meeting other personal needs, or that it is solely a public responsibility. In opposition to this impression, it might seem that current economic circumstances dictate that more agencies should dispense emergency aid. Of course, this is, at least in part, a question of values. But given the empirical evidence and the apparent lack of sufficient emergency resources, is it not a question that the profession needs to face?⁴

Notes

¹Agencies in the directories that are not normally considered part of the social services network, including hospitals, schools, and legal clinics, were excluded.

²Because other measures of wealth were used in the analysis, for the measure of United Way donations, wealth was controlled using an index developed by United Way (United Way, 1980).

³While there are a large sample of agencies, there are only twelve counties, so that interrelation among these variables in this sample may not be valid for the nation as a whole. In this sample, the correlations between the measure of public welfare expenditures and that of education and income, respectively, are .29 and .43.

⁴One way of considering this question might be to relate it directly to wider social trends. The apparent changes in private social services seem to be a part of the movement away from a "particularistic" orientation (that is, a focus on a group with some sense of solidarity) that is consistent with providing a large range of services, to more universal, but more specialized, services. This may in itself, be linked to either the trend toward a "mass society" in which demands for equal political rights reduces the possibility of retaining particularism (Grønberg, 1982), or the dominance of large-scale social organizations and the transformation in the role of the profession of social work (Sosin, 1979).

References

- The Calumet Institute, Inc. 1978. Evaluation of Emergency Assistance for Needy Families under AFDC-EA and Other Public Assistance Programs. Report to the Social Security Administration, Department of Health and Human Services, Washington, D.C.
- Cloward, Richard, and Irwin Epstein. 1967. "Private Social Welfare's Disengagement from the Poor: The Case of Family Adjustment Agencies." Pp. 40-63 in George Brager and Francis Purcell, eds., Community Action Against Poverty. College and University Press, New Haven.
- Cooley, William M., and Paul R. Lohnes. 1971. Multivariate Data Analysis. New York: John Wiley.
- Coughlin, Bernard J. 1965. Church and State in Social Welfare. New York: Columbia University Press.
- County and City Data Book. 1977. U.S. Department of Commerce, Social and Economic Statistics Administration. Washington, D.C.: USGPO.
- Estroff, Sue E. 1981. Making It Crazy: An Ethnography of Psychiatric Clients in an American Community. Berkeley: University of California Press.
- Grønberg, Kirsten. 1982. "Private Welfare in the Welfare State: Recent U.S. Patterns." Social Service Review, 56:1, 1-26.
- Handler, Joel, and Michael Sosin. 1980. "Emergency Assistance and Special Needs Programs in Public Welfare." Report to the Department of Health and Human Services, Social Security Administration, Washington, D.C.

- Huntsberger, David. 1967. Elements of Statistical Inference. 2nd ed.
Boston: Allyn and Bacon.
- Kramer, Ralph M. 1981. Voluntary Agencies in the Welfare State.
Berkeley: University of California Press.
- Maryland Department of Human Resources. 1979. "Response to House Joint
Resolution 16 of the 1978 Legislative Session." Unpublished docu-
ment, January.
- Newsome, Susan. 1977. The Emergency Assistance Program. Report of
Department of Public Welfare, Office of Research and Planning, Boston,
Mass.
- O'Grady, John. 1931. Catholic Charities in the United States. National
Conference of Catholic Charities, Washington, D.C.
- Sosin, Michael. 1979. "Social Work and Social Welfare in Organizational
Society." Social Service Review, 53:3.
- Sosin, Michael. 1982. "The Domain of Private Social Welfare:
Comparisons with the Public Sector." Forthcoming. University of
Wisconsin-Madison, Institute for Research on Poverty Discussion
Paper #712-82.
- Stinchcombe, Arthur L. 1965. "Social Structure and Organizations." Pp.
142-193 in James March, ed., Handbook of Organizations, Chicago:
Rand McNally.
- Terrell, Paul. 1979. "Private Alternatives to Public Human Services
Administration." Social Service Review, 53:1, 56-74.
- United Way of America. 1977. A History of the United Way. Alexandria,
Va.: United Way.

United Way of America. 1980. United Way Measurements: Survey Data and Analysis of Performance, 1979 United Way Campaigns. Alexandria, Va.: United Way.

U.S. Department of Health and Human Services, Social Security Administration, Office of Research and Statistics. 1980. Public Assistance Recipients and Cash Payments by State and County-February 1980. Washington, D.C.: U.S. Department of Health and Human Services.