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THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

VOCATIONAL REHABILITATION: A STUDY OF GOALS AND GOAL DISPLACEMENT

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

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BY

WILLIAM GORDON HILLS

Norman, Oklahoma

1972

VOCATIONAL REHABILITATION: A STUDY OF

GOALS AND GOAL DISPLACEMENT

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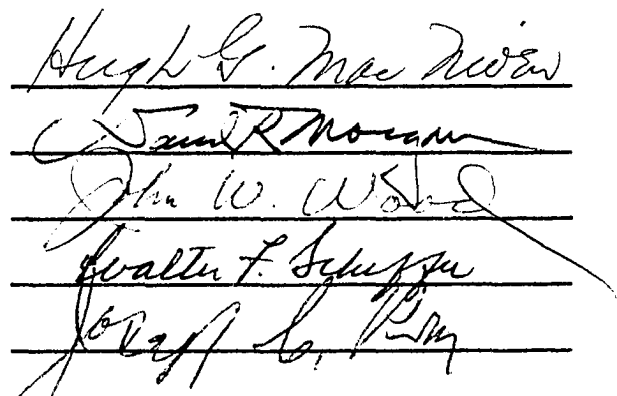

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To adequately thank all who, through the years, have given encouragement and help towards completion of this work would be a neverending task. There are some, however, who deserve special gratitude. This work is therefore dedicated to my mother, who always believed in me; to Haunani, who felt openly that "Daddy should get someone to do that dumb dissertation;" to Baden, who has waited impatiently for someone to play ball with; to little Gordon, who took it in silence though probably put out most of all; to Kay, who made finishing this thing a reality; to Hugh G. MacNiven, a thorough gentleman, Chairman of my committee, for his kind help and understanding; to the other members of my committee, Joseph C. Pray, Walter F. Scheffer, John Wood, and David R. Morgan; to Harold Viaille; and to myself, who would never again do such a thing.

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INTRODUCTION

The nation's vocational rehabilitation program, one of the first grant-in-aid programs, has grown from a small program with a budget of one million dollars in 1920 to a program with a budget in excess of seven hundred million in 1972. During this 52-year period an estimated three million Americans have been rehabilitated. At present the State rehabilitation agencies employ approximately 15,000 counselors who carry on the work of vocational rehabilitation.

Throughout its history, vocational rehabilitation in the United States has been committed to an "investment theory" which maintains that services rendered should result in an economic payoff which returns monetary dividends to the individual served and to the state.

In order for this investment theory to be operative a criteria by which to measure results has been adopted. This criteria, or standard, defines as successful any rehabilitation which leads to the person served having become employed in a gainful occupation. Those then who receive services from a vocational rehabilitation agency and are not closed in gainful employment are labeled

unsuccessful since there is no monetary payoff to the state or the individual.

The purpose of this study is to investigate the manner in which the use of the investment theory in vocational rehabilitation has influenced the ability of the agencies to achieve the professed goal of vocational rehabilitation. It will be shown that there is operating in vocational rehabilitation agencies a constant pressure for successful closures of all cases.

It is hypothesized that the investment theory operating in conjunction with the strong pressure for successful closures has brought about goal displacement. The justification for vocational rehabilitation services has changed little over the years but since the beginning of the services in 1920 the scope of individuals to be served as well as the services to be rendered have undergone several changes. These latest changes in 1965 and 1968 extended the mandate to include service for the socially disabled.

It is also hypothesized that the investment theory, with some help from the pressure for closures, has brought about a pattern of action that prevents the vocational rehabilitation agencies from expanding their actual services to the socially disabled. It will be shown that a disproportionately small number of socially disabled-disadvantaged are recruited to and accepted

for vocational rehabilitation services, even though such persons in large numbers are eligible for such services.

It is further hypothesized that the investment theory, as interpreted by vocational rehabilitation counselors, emphasizes quick and inexpensive or easy closures for maximum economic return.

Counselors and other rehabilitation agency personnel generally view the disadvantaged person as one who can neither be quickly or easily rehabilitated, and one whose payoff to the state or nation's economy (return on investment) is minimal.

Methodology

This study is based on the comparison of services rendered to clients of different types by ten district vocational rehabilitation offices in five states. Methods employed include the random sampling of fiscal year 1969 closed rehabilitated cases, in-depth interviews of both supervisors and counselors in each of ten district vocational rehabilitation offices in five widely-scattered states and involvement with Washington headquarters, Federal Regional Offices and state offices.

As a means of achieving broad geographic representation, district vocational rehabilitation offices

in five states were visited, with each state representative of one of the following geographic areas: West Coast, Rocky Mountains, Midwest, Northeast, and South. To insure representativeness in selection of district offices, the Director of Vocational Rehabilitation in each of the five states was asked to designate two offices to be visited. Other than the requirement that the offices to be selected each have at least five counselors assigned, criteria for selection was left to the discretion of each state director.

In order to achieve the most reliable data possible, both state and district offices selected were given assurances of anonymity.

To insure that the states selected are representative of their regions with respect to population, disability incidence and size of the state vocational rehabilitation program, the advice of responsible individuals in both state and federal rehabilitation programs was sought. Included among the individuals consulted were several state directors of vocational rehabilitation, a past president of the National Rehabilitation Association, and the National Advisory Commission to Regional Rehabilitation Research Institutes.

Procedures

Each of the ten district vocational rehabilitation offices was visited for five working days. During these visits lengthy interviews were held with ten supervisors and forty counselors. Special attention was given to ascertaining the perception of agency goals as viewed by both groups of interviewees. In addition the files on 559 fiscal year 1969 rehabilitated cases were studied. The records for the cases are kept on an individual basis, therefore it was necessary to make a study of the individual files or folders of each case in order to obtain the desired information.

Specific data was obtained from each of the files studied using a case review schedule, a copy of which is included in the Appendix. This review schedule is a modification of that used by the Harbridge House Study of state-level vocational rehabilitation offices,[1] and draws most of its data from form RSA300 (Appendix B), which summarizes the client's background, and progress through the vocational rehabilitation process. The review schedule required only limited judgmental decisions being made in the field and for this the researcher had the cooperation of an additional four supervisors and

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[1]Harbridge House, Factors Influencing Agency Effectiveness: A Study Done for the Office of Vocational Rehabilitation. Washington, D.C.: Department of Health, Education and Welfare, 1963.

85 counselors for short interviews.

The development of the study topic will be patterned along the line of the broad decision-making model as utilized by Lyden.[2]

First the organization's mandate will be established by showing the development of the support for vocational rehabilitation, the passage of the original federal act, and the content of the program. The Federal and State goals, duties and responsibilities will be shown as well as the development of the goals through the passage of amendments until the current mandate is reached.

In addition to the external mandate and goals that have greatly influenced the structure and function of Vocational Rehabilitation, these agencies have developed a powerful ideology of their own. This ideology serves both to modify and at times reinforce the external goals, and to exercise profound influence on the structure and process of rehabilitation. This will be discussed in Chapter II.

Chapter III will proceed to a more detailed examination of the operating process, with special attention to the role of the counselor as interpreter of the

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[2]Fremont J. Lyden, George A. Shipman, and Morton Kroll, eds., Policies, Decisions, and Organization (New York: Appleton-Century-Crofts, 1969), p. 3.

goals and mandate.

Chapter IV will show the population of the handicapped, then construct a profile of the disadvantaged and show that the incidence of disability and handicap among the disadvantaged would give reason to expect that a sizeable number of them would be eligible for vocational rehabilitation services. But the investment policy as operationalized and in conjunction with the pressure for closures probably results in the counselor choosing to work with few rather than many of the disadvantaged.

Chapter V analyzes the data gathered from the case service files for the purpose of evaluating whether or not the goals of the organization have tended to become displaced. It will show that in fact few of the disadvantaged are chosen to receive vocational rehabilitation services and those are processed through the system very easily and quickly and with a good payoff, and that quite possibly the investment theory operating in its current manner does lead to a goal different from that espoused by vocational rehabilitation. It will show that in any case the results are different from what vocational rehabilitation people currently hold to be true.

Chapter VI will apply administrative theory to the vocational rehabilitation organization for the purpose of showing how the structure and its sub-unit, and

organizational characteristics of the agency along with the administrative policies and practices as they operate in the rehabilitation environment could facilitate and be supportive of goal displacement. The chapter is based on not only the ten weeks of field research that yielded up the data analyzed in the preceeding chapter but is heavily influenced by the three years spent researching and consulting on administrative matters to rehabilitation agencies in several different states. While in the strict sense it cannot be said that all three years were spent in research, under E. C. Hughes' definition it may be said that this time has been spent in fieldwork. Hughes defines fieldwork as "the observation of people in situ."[3]

This observation in situ has included agency personnel from the lowest echelon in the hierarchy, the counselor, up through and including state directors. It has included all of these types both in their work at home as well as away at staff meetings, training sessions, and professional meetings on the national as well as regional and state levels.

These observations have variously been of an exploratory and hypothesis--testing nature. However, as

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[3]E. C. Hughes, "Introduction: The Place of Fieldwork in Social Science," in B. H. Junker, Fieldwork: An Introduction to the Social Sciences (Chicago: University of Chicago Press, 1960), p. v-xv.

Scott[4] points out the distinction between the two is not an entirely satisfactory one, either from the standpoint of describing what researchers actually do in the field or from the perspective of what they should be doing. Most field researchers explore and test concurrently and one is often hard put to determine where one activity leaves off and the other begins.

An additional source of insight has been available through participation at the Rehabilitation Services Administration management training program at Oklahoma Center for Continuing Education. This program brings in primarily upper management personnel from vocational rehabilitation agencies from throughout the United States for conferences on and training in administration. Attending these week-long sessions, sometimes as a researcher-observer, sometimes as a participant and sometimes as a lecturer has of course added to an understanding of the administrative apparatus operative in vocational rehabilitation agencies, and problems of their staff.

In attempting to apply administrative theory to the vocational rehabilitation agencies, considerable discretion has been exercised in selecting concepts which appear useful for present purposes. Those which could be handled have been used while others have had to be laid aside.

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[4]Richard W. Scott, in Handbook of Organizations, ed. by James G. March (Chicago: Rand-McNally and Co., 1965), p. 268.

Chapter VII will cover conclusions drawn from this study. Recommendations will be made concerning the counselor reward system, evaluation of agency effectiveness, and the continued role of the investment policy in client selection.

CHAPTER I

ESTABLISHING AND LEGITIMIZING VOCATIONAL REHABILITATION

Antecedents to the Rehabilitation Movement

The handicapped have always been with us. They have appeared to be poor for the most part (appeared because physical handicaps occur in all social strata but are more easily hidden by the wealthy). Some were disabled at birth, others through various accidents or incidents of war. Societies have handled their disabled population in various ways, from summary death to adulation and worship. The disabled were often thought to be possessed of spirits, either good or evil, and often, especially in societies which rejected them in some form, were believed to have been afflicted because of some sin--either premortal, earthly, or inherited from wayward ancestors. In 18th century England a government ordinance classifying all people into three groups listed as third "those whose defects make them an abomination."[1] Because of handicaps such as blindness, loss of limbs, palsy, epilepsy, and crippled limbs, those

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[1]U.S. Department of the Interior, Vocational Rehabilitation of the Physically Handicapped. Vocational Education Bulletin No. 190, Series No. 25 (Washington, D.C.: U.S. Government Printing Office, 1936), p. 3.

unable to work within normal society and thus rejected, became beggars and subject to charity.

> Strangely enough, the unfavorable psychological environment which had been built up for the disabled person in the past was still further enhanced by practically the only kindly intended action which society took . . . almsgiving.[2]

Even this action became fraught with selfish motives, i.e., jockeying for religious position and seeking for afterlife rewards.

When immigrants came to the New World, they brought both their handicaps and prejudices with them. This is not to say there were no "humane" individuals or groups to care for and about the disabled. But they were a miniscule minority, with meagre resources.

Our present rehabilitation work had its roots in three movements: charity organization societies, the reclamation of crippled children, and workmen's compensation.[3] The first were the charity organization societies. This scientific social work was introduced to the United States from England in the last quarter of the 19th century. The thrust of their aid was toward placement of the disabled in employment and their biggest contribution to rehabilitation was case work technique.

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[2]Oscar M. Sullivan and Kenneth O. Snortum, Disabled Persons: Their Education and Rehabilitation (New York: The Century Company, 1926), pp. 7-8.

[3]Ibid., p. 10.

The rehabilitation of soldiers, provided in the Soldiers Rehabilitation Act of 1918 and administered by the Federal Board for Vocational Education, gave impetus to rehabilitation legislation for civilians but was not, as often thought, the only source of the rehabilitation program. As seen, the civilian program had deeper beginnings in other movements preceding World War I and the passage of the Soldiers Rehabilitation Act.

The Smith-Fess Act of 1920

The practice of reeducating the military cripple served to point out the wastage resulting from the neglect of the civilian cripple. Concern over this led nine states --Massachusetts (1918), California, Illinois, Minnesota, Nevada, New Jersey, Oregon, Pennsylvania and Rhode Island (1919) to pass legislation providing for the rehabilitation and reeducation of the civilian cripple.[4]

Also in 1918 and 1919 the American Association of Labor Legislation sponsored bills providing Federal aid for vocational rehabilitation.

Civilian vocational rehabilitation was begun by the federal government with the passage of the Vocational Rehabilitation Act of 1920 (Public Law 236, the Smith-Fess Act, June 2, 1920). Prior to this Act federal legislation

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[4]Paul H. Douglas, "The Development of a System of Grants-In-Aid II," Political Science Quarterly, XXXV, No. 4 (December, 1920), 535.

The movement for aiding crippled children rose about the same time. The Hospital for the Ruptured and Crippled opened in New York in 1863. These services were slowly expanded to include adults, as occurred at the Cleveland Rehabilitation Center, begun in 1889 as an institution for crippled children. In 1893 the Boston Industrial School for Crippled and Deformed began vocational training and some states became involved in services, shortly after Minnesota made the first direct state provision for medical care for children in 1897.

The third forerunner of rehabilitation was the spread of workmen's compensation. Originating in Germany in 1884 workmen's compensation did not appear in the United States until 1911. Then the idea spread rapidly until, before 1920, several states had compensation and rehabilitation-type programs.

Two other movements having some bearing on the rise of rehabilitation were vocational education and the rehabilitation of disabled soldiers. In 1917 the Smith Hughes Act was passed. This act became a model for state-federal legislation for vocational education. The Vocational Education Act proved useful to the later rehabilitation program by providing for a Federal Board for Vocational Education and State Boards, thus establishing a framework of federal-state uniformity, cooperation, and funding.

for rehabilitation had been aimed solely at disabled veterans, as with the Soldiers Rehabilitation Act. The Smith-Fess Act was not a broad program but its significance lies in the precedent set for federal government involvement in the rehabilitation of disabled civilians with no claim on the government such as disabled war veterans were thought to have.

Throughout the discussion of the various bills there were differences of opinion as to whether the act should provide for the rehabilitation of the industrial cripple alone or for the non-industrial cripple as well. Investigations at that time pointed out that the non-industrial crippled far outnumbered the industrial cripple.[5]

As finally passed the act showed the influence of both of these opposing conceptions. In section one it stated that the act was intended "to provide for the promotion of vocational rehabilitation of persons disabled in industry or in any legitimate occupation and their return to civil employment."[6] This would seem to limit the act to those who had been injured in the course of their employment while excluding those whose disabilities were congenital. However, Section 2 stated:

> persons disabled shall be construed to mean any person who by reason of a physical defect or

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[5]Paul H. Douglas, "An Aftercare Clinic in Oregon," American Labor Legislation Review, IX (1919), 134-136.

[6]Douglas, "The Development of a System," 535.

> infirmity whether congenital or acquired by accident, injury or disease is or may be expected to be totally or partially incapacitated for remunitive employment.[7]

This further elaboration changed the entire meaning of the original section and would seem to be broad enough to include all varieties of cripple. The confusion was cleared up by interpretation of the federal board. The federal board early ruled that it felt that all non-industrial cripples who could be rehabilitated were eligible.

As the act did not contemplate that cripples who could not be rendered fit to engage in remunerative employment should be rehabilitated, the further difficult duty evolved upon the board or state board of deciding in specific cases whether the specified cripple was indeed hopelessly disabled. In turn this finding devolved upon the shoulders of the individual counselor who had to ascertain the feasibility of each individual, as to whether or not that individual was hopelessly disabled, or whether there was a high probability that the individual could be rendered fit to engage in remunerative employment. The burden of determining feasibility still falls on the counselor today.

The act did not provide all services needed but was a first step towards the commitment of federal resources for promotion of the welfare of the disadvantaged. It became one of the first grant-in-aid programs undertaken.

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[7] Ibid.

The 1920 Act established "as a public policy the principle that the Nation as a whole should share with the States the . . . responsibility for vocationally rehabilitating the physically disabled"[8] and was meant to encourage the States to enact similar legislation for the rehabilitation of civilians injured in industry or otherwise disabled. States, in order to receive grants, had to pass an act of acceptance and submit a plan for conducting the work.

The provision in the act for the apportionment of one million dollars among the states according to population was not intended to be sufficient to pay one-half of the expenses for the rehabilitation of the handicapped. As the sponsors stated, this sum was only to provide a stimulus to the states to undertake the complete task of restoring cripples to self-supporting independents.

Congressional Opposition to the Civilian Rehabilitation Law

Though in the Congressional debates on vocational rehabilitation acts and amendments, congressman and witness are careful to admit that vocational rehabilitation is eminently worthwhile, there has still been active opposition to the acts or the amendments before the Congress.

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[8]U.S. Department of the Interior, Vocational Rehabilitation of Physically Handicapped, Vocational Education Bulletin No. 190, Series No. 25 (Washington, D.C.: Government Printing Office, 1936), p. 14.

While Congress was considering the bill for the rehabilitation of soldiers, pressure was applied to have persons injured in industry included in the rehabilitation program. A bill to accomplish this was filed in the House and Senate by Congressman John H. Bankhead (D-Alabama) and Senator Hoke Smith (D-Georgia).

Following hearings by the committee on Education and Labor on December 8 through 11, 1918 the bill was not pressed for passage. Congressman Simeon Fess (D-Ohio), the successor to Congressman Bankhead as Chairman of the Committee on Education and Labor explained why the soldier rehabilitation was purely federal, while the industrial would be both federal and state.

In June, 1919 during the sixty-sixth Congress the Bankhead-Smith Bill was reintroduced by Congressman Fess of Ohio and Senator Smith of Georgia. The bill had easy sailing in the Senate, passing on June 21, but encountered strong opposition in the House.

The elections of November 1918 had changed the majority in Congress from Democratic to Republican. It had been Democratic congresses that had passed the earlier federal acts: the Smith-Lever Act, 1914 (agricultural extension); the Good Roads Act, 1916; the Smith-Hughes Act, 1917 (vocational education); and the Chamberlain-Kahn Act, 1918 (venereal diseases).

Much of the leadership for the passage of these acts came from the South, which would receive more in relation to federal taxes paid than would the wealthier northern states.

Congressman David I. Walsh, Democrat from Massachusetts made this very clear in his attack on the general theory of federal aid. He felt that Alabama should care for her own cripples and was against having the great industrial states of New York, Pennsylvania, Massachusetts, Ohio and Illinois which pay nearly half of all income taxes pay for training the cripples of Alabama. Representative George Huddleston (D-Alabama) replied that nearly all of its cripples were injured in the service of great corporations, the owners of which live in the States the gentleman had named.

To those who advanced economy arguments, supporters replied that it would be false economy not to adopt the bill.[9]

Many members of the Congress felt that to pass such measures was unconstitutional,[10] an invasion of state's rights.[11] The Chairman of the Appropriations committee was

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[9]C. Esco Oberman, A History of Vocational Rehabilitation (Minneapolis: T. S. Denison & Co., 1965), p. 223.

[10]U.S. Congress, House, 66th Cong., 2nd sess., May 25, 1920, Andrew J. Montague (D.Va.), Congressional Record, LIX, 7596.

[11]U.S. Congress, House, 78th Cong., 1st sess., June 10, 1943, Congressional Record, LXXXIX, 5657. See also

Congressman James Good (R-Iowa) and he declared that the bill was utterly outside the sphere of federal legislation and that

> . . . In deciding these questions we must decide the functions of government, and I take it that it was never the intention of the founders of the Republic and framers of the Constitution to provide that all these services, no matter how worthy they may be, come out of the Federal Treasury.[12]

Some felt the federal vocational rehabilitation legislation was excessive centralization[13] while others argued that such legislation smacked of paternalism.[14] Still another argument saw it as a "raid on the Treasury."[15] Representative Anthony J. Griffin, (D-New York) in his statement during the debates on the 1920 Vocational Rehabilitation Act, used nearly all of these arguments,

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Representative William W. Blackney (R-Mich.). Ibid. This argument is answered in U.S. Congress, House, Representative Graham A. Barden (D-N.C.) 78th Cong., 1st sess., June 29, 1943, Congressional Record, LXXXIX, 6756; and in Mangum and Glenn, Rehabilitation and Manpower Policy, p. 45. "The states enjoy almost complete autonomy and the nature and emphasis of each state's program is known to the national office only through informal, though extensive, contacts by the regional directors and national officials."

[12]U.S. Congress, House, 66th Cong., 1st sess., October 11, 1919, Congressional Record, LVIII, 6740.

[13]U.S. House, Congressional Record, LXXXIX, 5658 and Ibid., 7878.

[14]U.S. Congress, House, 71st Cong., 2nd sess., April 28, 1930, Representative William B. Bankhead (D-Ala.), Congressional Record, LXXII, 7878. Also Ibid., Representative Walsh (R-Mass.).

[15]U.S. House, Representative Joseph Walsh, Congressional Record, LIX, 7596.

calling the legislation a menace to our institutions and to our system of government. Senator Lawrence Y. Sherman (R-Ill.), regarded it as "bolshevist," labeling most disabled poor as "failures." Senator Joseph S. Frelinghusen (D-New Jersey) was opposed to the bill because it would result in the southern states receiving Federal money. Apparently the Senator had not recovered from the bitterness of 1860 to 1864.

The bill passed the House on October 17, 1919, notwithstanding the powerful opposition of former speakers Joe Cannon and Champ Clark. Cannon and Clark opposed the bill on grounds that it was paternalistic and visionary. The vote was 196 to 106. The Senate passed the bill on April 12, 1920, but in a slightly different form. The Senate asked for a conference but in the interest of time the House agreed to support the Senate Amendments and on May 25, 1920 the House concurred. President Wilson on June 2, 1920 signed into law the Smith-Fess Act. The bill found more than two-thirds of its supporters on the Republican side, and more than two-thirds of the votes against it came from the Democratic side of the congress. But the thirty-one Republicans who voted against the bill furnished more of the outspoken criticism of it than their numerical strength would suggest.[16] Among the bill's vigorous supporters were some of the older Republican conservatives. One of these

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[16]Oberman, A History of Vocational Rehabilitation, p. 224.

was Congressman Franklin Mondell (R-Wyoming) who stated that there was a growing sentiment in favor of national leadership in various areas in which the primary responsibility lay in the states.[17]

Vocational Rehabilitation as a Grant-In-Aid Program

The federal government does not enter into rehabilitation work at all but merely provides financial assistance for the states to carry out the work. This was true in 1920, and remains so today.

Federal grants-in-aid are primarily a means for the stimulation and support of programs which are of national concern and which can be most suitably administered by the States rather than by the Federal government. They provide benefits which would not otherwise be possible in all sections of the country. The general characteristics and basic concepts of grant-in-aid programs are significant to an understanding of the Vocational Rehabilitation program as a grant-in-aid program.

Over fifty years ago a political scientist, John A. Lapp, pointed out that the role of federal grants-in-aid in the American system of government had not been studied.

> As a means of effective government these grants are the most powerful engines, and yet the

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[17]Reuben D. Cahn, "Civilian Vocational Rehabilitation," Journal of Political Economy, XXXII, No. 6 (December, 1924), 668.

discussion of their effect seems to have escaped the American publicist.[18]

Four years later Paul Douglas restated Lapp's contention, "Not only the existence but the significance of the federal grant-in-aid acts have been ignored by writers in American government."[19]

Much the same could be stated today for with the exception of V. O. Key's work in 1937,[20] little of a comprehensive or definite nature has been written on the Federal grant-in-aid acts.

Vocational Rehabilitation is a significant and unique grant-in-aid program, yet it has been generally overlooked by writers and scholars. This portion of the chapter will attempt to fill this gap, show the development of grant-in-aid, and Vocational Rehabilitations part in that development.

The literature on this subject is conflicting. It is also surprisingly full of misunderstandings and, at times, downright error. This section will delineate federal aid from grants-in-aid and try to give a consistent account of how, in a piecemeal way over the years, grants-in-aid

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[18]John A. Lapp, "Grants-In-Aid," American Political Science Review, X (1916), 742.

[19]Paul H. Douglas, "The Development of a System of Federal Grants-In-Aid," Political Science Quarterly, Part I, XXXV, No. 2 (June, 1920), 256.

[20]V. O. Keys, The Administration of Federal Grants to States (Chicago: Public Administration Service, 1937).

have become a major instrument of national policy. Vocational Rehabilitation, as one of the most mature grant-in-aid programs, makes a useful case for examining the evolving complexities of this area of federal-state relations.

The significance of this program is that of the large number of grants-in-aid programs currently in operation, vocational rehabilitation was one of the very earliest, and the first of the welfare-related services. In its fifty-two years of operation this government agency has had time to mature. Older organizations act and respond in a manner different from organizations with shorter histories and fewer traditions. Later in the study, when the administrative pattern of vocational rehabilitation is dealt with, this fact of organization age will be considered in its broader aspect.

Vocational Rehabilitation's uniqueness lies largely in the fact that it has consistently failed to claim all federal monies appropriated for it and on some occasions even failed to spend all of its respective state appropriations.

Background to Federal Aid

Experience with Federal Aid in the U.S.

Federal aids in one form or another are a very old institution beginning with the Northwest Ordinance of 1785. They were first applied to the disposition of the public domain especially in the promotion of education, although

in a few instances grants of money had previously been distributed among the states during periods of surplus revenues in 1837 and 1841. It remained for the Morrill Act of 1862 to really inaugurate the beginnings of continuous federal aid. The Morrill Act provided each state with 30,000 acres for every senator and representative the state had in Congress. The land was to be sold and the proceeds used to establish the Agricultural and Mechanical College. Congress prohibited any money so raised from being used in erection of buildings. The state was to build the buildings.

The Hatch Act of 1887 authorized the appropriation of $15,000 annually for each state to establish an agricultural experiment station in connection with the land-grant college.

The second Morrill Act of 1890 provided grants to the land-grant colleges for resident

> instruction in agriculture, the mechanic arts, the English language and the various branches of mathematical, physical, natural and economic science with special reference to their applications in the industries of life.[21]

In the second Morrill Act a new feature was added, namely that the Secretary of the Interior could withhold the allotment from any state not fulfilling its obligation under the act.

An 1895 amendment to the Hatch Act of 1887 made the first provision for federal audit.

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[21] 26 Stat. L. 417.

The innovations of apportionment formulas, dollar-for-dollar matching and the requirement for advance approval of state plans by the national government came with the passage of the Smith-Lever Act of 1914. This Act provided for agricultural extension services.

Many authors take this act to be the beginning of conditional grants[22] or modern grants[23] commonly known as grants-in-aid.

Bridging the Gap Between Land Grants and Cash Grants

Many texts are incorrect when they state that cash grants began in 1887. Adrian and Press allude to the first cash grant as being in the Hatch Act of 1887 when they state:

> . . . just three years before the frontier was formally closed (by a statement in the introductory essay to the census of 1890), the first continuing cash grant was established.[24]

The National Conference Board in a recent publication repeats the error[25] and Johnson[26] is no more correct when he

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[22]Keys, The Administration of Federal Grants.

[23]Benjamin Baker and Stanley H. Friedelbaum, Government in the U.S. (New York: Houghton-Miflin, 1966), p. 52.

[24]Charles R. Adrian and Charles Press, The American Political Process (New York: McGraw-Hill, 1965), p. 148.

[25]National Conference Board, Inc., The Federal Budget: Its Impact on the Economy. New York: 1969, p. 31, 1970 Fiscal Edition.

[26]Caludius O. Johnson, American State and Local Government (New York: Thomas Crowel Company, 1959), p. 19, second edition.

sets the date of 1890 and the second Morrill Act as the beginning of the cash appropriations.

Havard is doubly wrong when he states: "the first major use of monetary grants-in-aid was in 1916 in the form of grants to assist the states in highway construction."[27]

He missed both the year and the program. The Smith-Lever Act of 1914 providing for agricultural extension work was a grant-in-aid program and preceded the Highway Act by two years. Additional writings on grant-in-aid show further evidence that the subject has not had careful attention. Richards states that

> Until passage of the Weeks Act of 1911, extending federal aid for highway construction, Congress did not require the states to match each national dollar with a state dollar.[28]

First the Weeks Act had nothing to do with highway construction; it provided for forest-fire prevention. Second, although passed in 1911 it was not administered as a grant nor was matching required until 1924 when the Clarke-McNary law succeeded the Weeks Act.

As Professor Key[29] has pointed out it was an Act of Congress in 1900 that authorized the payment of grants

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[27]William C. Havard, Government and Politics of the United States (New York: Harper and Row, 1965), p. 167.

[28]Allen R. Richards, "Half Our Century," in James Fesler (ed.), The 50 States and Their Local Governments (New York: Alfred A. Knopf, Inc.), p. 87.

[29]Vito Orlando Key, Jr., The Administration of Federal Grants to States (Chicago: Public Administration Service, 1937), p. 8; also 31 stat. L. 179.

from the Treasury in the event that the proceeds of the annual sales of public lands should not be sufficient to meet the obligation. Thus the gap between land-grants as in the Hatch Act of 1887 and the second Morrill Act of 1887 and the second Morrill Act of 1890 and cash grants was bridged.

With cash grants now added to the provision for federal audit and the Secretary's right to withhold allotments from states not fulfilling their obligations, it was only a short step and but 14 years for the grant-in-aid programs to get their start.

Grants-In-Aid

Definition

The differentiation between aid in general and grants-in-aid is:

> First, the supervision by the federal government of the expenditure by the state of these federal grants and the power vested in federal authorities to discontinue such grants if a proper standard of efficiency is not maintained, and, second, the requirement that for every dollar granted by the federal government, the state or localities within the state must appropriate another dollar if the federal grant is to be secured.[30]

Eliot defines a grant-in-aid "as a conditional gift of money by the National Government to the states; the money to be used for a specific purpose."[31]

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[30]Douglas, "The Development of a System," 256.

[31]Thomas H. Eliot, Governing America (New York: Dodd-Mead, 1964), p. 60.

While stating correctly what a grant-in-aid is, Eliot is confused about their beginning when he states, "The 'grant-in-aid' device was first used over a century ago, and the first real long-range federal program employing it was the Morrill Act of 1862."

Caldwell refers to grants-in-aid as being ". . . an offer of aid by Congress to the states with Congress setting the standards for the activity."[32]

Early speaks of grants-in-aid as being money grants.[33] He states that they are characterized by apportionment according to a formula; matching money is required by the accepting state; and impositions are set by the federal government of conditions which must be met by the states.

The imposed conditions set by the federal government are as follows: the establishment of an administrative agency through which the national government may work in dealing with the state; creation of a merit system for the selection of state personnel to administer the program; the grant may be used only for the specific purposes authorized by the national government; and permission for the national government to inspect the program's administration. These impositions apply to all grant-in-aid programs and for

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[32]Gaylon L. Caldwell, American Government Today (New York: Norton and Company, 1963), p. 19.

[33]Stephen T. Early, American National Government (New York: Blaisdell Publishing Company, 1964), p. 72.

vocational rehabilitation may be found in the Smith-Fess Act of 1920.

EARLIEST GRANT-IN-AID PROGRAMS

Year	Act	Function
1914	Smith-Lever Act	Provided for county agricultural extension services
1916	Good Roads Act	Provided for post roads
1917	Smith-Hughes Act	Provided for vocational education
1918*	Chamberlain-Kahn Act	Provided for prevention of venereal disease
1920	Smith-Fess Act	Provided for vocational rehabilitation

*Chamberlain-Kahn Act passed as a rider to Chapter 15 of the Army Appropriation Act of 1918 primarily as a war measure and no state matching monies were required for the first year. The Act lapsed in 1921.

The term "grants" and the term "shared taxes" are often loosely and sometimes synonymously used. The criterion of differentiation most commonly applied is that the grant-in-aid is distributed by appropriation whereas the shared tax is apportioned according to the fixed percentages of the yield of a particular tax. In case of an aid the amount distributed is largely independent of the yield of a particular tax. In the case of a shared tax, it is entirely dependent on such yield.

On the other hand federal aid, as the term is used in recent practice, includes the following:

1. shared revenues, collected by the Federal government and paid in whole or in part to state or local governments;
2. payments in lieu of taxes, through which the nation reimburses the states and localities for services for which they cannot tax federal property;
3. payments of cash loans; and
4. payments to individuals within states, as in the National Guard.[34]

The term grant-in-aid is sometimes used in a misleading way. An example is when the term is used to describe payments by the federal government to assist the states in the conduct of specified governmental functions, for it connotes assistance in the performance of an established state activity. As Key[35] pointed out, in actual practice the grant-in-aid has in the main been used to effectuate a national policy, or to promote a service on a nationwide scale.

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[34]John H. Ferguson and Dean E. McHenry, The American System of Government (New York: McGraw-Hill, 1965), p. 14, 8th edition.

[35]Key, The Administration of Federal Grants to States, pp. 1-21.

Federal grants-in-aid were small in the pre-Depression period. And since they were designed to stimulate new state activities and normally had to be matched by state funds they probably increased pressure on state treasuries rather than reduced it.[36] There were few grant-in-aid programs prior to 1920 and the decade from 1920-30 saw virtually none enacted. The 1930's saw many enacted and in the 60's one session of Congress passed 11 grant-in-aid programs.[37]

State VR Fails to Match Federal Dollars

It has been said that federal grants-in-aid may stimulate the states to provide services they may not otherwise have chosen to provide. It is also claimed that the promise of federal money sometimes stimulates a state legislature to undertake programs that the state cannot afford. Of course the states, are free to reject grants-in-aid. Irish and Prothro[38] point out that strictly speaking, grants-in-aid involve no coercion. But they go on to argue that

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[36]Senate Document 69, Federal, State, and Local Government Fiscal Relations, 78th Congress, 1st Session, 1943, p. 389.

[37]Note: See Public Laws 88-525; 88-560; 88-452; 88-269; 88-443; 88-581; 88-365; 88-560; 88-309; 88-379; 88-578 all passed by the Second Session of the 88th Congress, 1964.

[38]Marian D. Irish and James W. Prothro, The Politics of American Democracy (Prentice-Hall, 1965), p. 157.

> State legislators find it extremely difficult however, to explain to their constituents why their state should be denied what appears to be a generous piece of the national pie.[39]

This may well be the case with the majority of grant-in-aid programs but certainly is not applicable to the vocational rehabilitation program. In the case of vocational rehabilitation many more states have left money lying in Washington than have picked up their full allotments. The general lack of funding support for vocational rehabilitation by the state legislatures has apparently not caused the state legislators much difficulty with their constituents.

However, Ross and Millsap[40] point out that a few states and notably Indiana have opted out of accepting many federal funds. In the vocational rehabilitation program Indiana has been ranked 54 of 54 in Program support and size.

The acceptance of vocational rehabilitation in the American states also goes against some other propositions, as when Jacobs and Vine write

> Our expectation is that the more urbanized the state, the more industrialized the state, and the larger the proportion of its population

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[39] Ibid.

[40] Russell M. Ross and Kenneth F. Millsap, State and Local Government and Administration (New York: The Ronald Press Company, 1966), p. 431.

> that is foreign born or the children of foreign born, the more extensive its welfare policies.[41]

This is definitely not so for vocational rehabilitation as historically it has been the rural south that has been the strongest supporter of vocational rehabilitation. Indeed it was southern senators and congressmen that were largely responsible for not only the beginnings but the continued congressional support of the program. That the South as a region supports vocational rehabilitation more than any other region can be seen by the program size and efforts of the states.[42]

Sharkansky correctly points out that in services the South rates high in vocational rehabilitation,[43] though he is incorrect in referring to the services as an educational program.[44] The common parlance today is to speak of vocational rehabilitation as a manpower program.[45]

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[41]Herbert Jacob and Kenneth Vines (eds.), Politics in the American States (Boston: Little Brown, 1965), p. 398.

[42]See Appendix. Map of state support by 100,000 population and by expenditure per capita.

[43]Ira Sharkansky, Regionalism in American Politics (Bobbs-Merrill, 1970), p. 141.

[44]At first glance one may be led to classify vocational rehabilitation as an educational program due to its being located originally under State Vocational Education Boards. However, the people in the program do not consider it as being an educational program. In reporting, whenever the vocational rehabilitation program is submerged it is classified under "other welfare services." For example, see HEW Social Security Bulletin, June 1965, etc.

[45]Garth Mangum and Lowell M. Glenn. Vocational Rehabilitation and Federal Manpower Policy. Policy Papers

Political science texts have entirely neglected the VR program even though it is the fifth oldest grant-in-aid program in existence. There has been no writing or study done on VR as a grant-in-aid program such as has been done on the other early grant-in-aid programs. (Vocational Education, Smith-Hughes Act, Highway Act of 1916, Chamberlain-Kahn VD, etc.) Even the 1955 Commission on Intergovernmental Relations in its study of 25 grant-in-aid programs failed to mention the VR program.

For examples of how the writers have passed over the vocational rehabilitation program as they chronicled the development of grant-in-aid programs we see

> Beginning in 1887 with cash grants for the maintenance of agricultural experiment stations in the states the modern grant-in-aid program has steadily reached out to embrace even larger areas of state and local action. Forestry was added to agricultural research and education as an object of grant-in-aid in 1911, highways in 1916, vocational education in 1917, health in 1918, social welfare in 1935 . . . .[46]

And another textbook states,

> The first cash grants came in 1887 for the maintenance of agricultural experiments stations, followed by grants for forestry in 1911, highways

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in Human Resources and Industrial Relations, No. 4 (Ann Arbor: The Institute of Labor and Industrial Relations, The University of Michigan, November, 1967).

[46]William H. Young, in Ogg and Ray's Introduction to American Government (New York: Appleton-Century-Crofts, 1969), p. 57.

> in 1916, vocational education in 1917, health in 1918, the social security system in 1935 . . . .[47]

Both books fail to note the vocational rehabilitation program commenced in 1920.

The Federal Role in Rehabilitation

Legal Background and Authority

The Rehabilitation Services Administration functions within the scope of the Vocational Rehabilitation Act. The Act authorizes the Secretary to make rules and regulations governing the administration of the Act, and to delegate such of his powers and duties, except the making of rules and regulations, as he finds necessary in carrying out the purposes of the Act. The Secretary has delegated to the Director of the Rehabilitation Services Administration all the powers and duties concerned with the vocational rehabilitation program, except the promulgation of rules and regulations, certain functions and duties relating to audit of grants to States and certain powers relating to the overall administration of the Department of Health, Education and Welfare and its programs.

Current Regulations promulgated by the Secretary interpret the provisions of the Act and indicate the comprehensiveness of the program intended by the Act. The

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[47]William Ebenstein, Herman C. Pritchett, Henry A. Turner, and Dean Mann, American Democracy in World Perspective (New York: Harper and Row, 1967), p. 177.

Regulations contain all requirements with respect to the State Plan content. If a State wishes to participate in the Federal-State Program of Vocational Rehabilitation, the legislation in that State must provide sufficient authority for the operation of the State program.[48]

Functions of the Rehabilitation Services Administration

The Rehabilitation Services Administration is responsible for the administration of the Vocational Rehabilitation Act. In carrying out its responsibilities under the Act, it performs the following major functions.

Approval of State Plans and Amendments

The Act requires that each state submit a state plan containing certain provisions and meeting certain standards. If the conditions and standards are met the plan must be approved. Otherwise the plan cannot be approved.

To fulfill its purpose, the State Plan must reflect current operations. Consequently, it is necessary for the State to amend its Plan from time to time in order to set forth substantial changes in the administration of the State Vocational Rehabilitation Program.

In approving State Plans and Amendments the Rehabilitation Services Administration must interpret the

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[48]Department of Health Education and Welfare, Social and Rehabilitative Services, Rehabilitation Services Administration, Federal Manual, Part I, Section 2.

provisions of the Act and Regulations. It reviews State Plans and Amendments in the light of these provisions and provides assistance to the States in the development of State Plans. These actions are described more specifically below.

The State Plans and Amendments are reviewed by the Rehabilitation Services Administration to ascertain that the provisions of the Act and Regulations have been met. The minimum standards contained in the Regulations are applied equally to plans submitted by all States. If the plan appears feasible and fulfills the conditions specified in the Act and Regulations it is approved. A plan cannot, however, be approved if it contains restrictions with respect to the expenditure of funds which would substantially increase the costs of vocational rehabilitation in the State or which would seriously impair the effectiveness of the State Plan in carrying out the purpose of the Act.

If the plan is approved, the Rehabilitation services Administration notifies the State in writing to that effect. If the Plan cannot be approved, the Rehabilitation Services Administration explains in writing the reasons why the Plan does not meet requirements. The Rehabilitation Services Administration assists the States in the development of plan materials and in working out necessary revisions. It explains the interpretations of the Act and Regulations and advises the States on the development of sound plans for the

proper and efficient administration of the program.[49]

Certification of Grants

For each State which has an approved plan the Rehabilitation Services Administration estimates from time to time the amounts necessary to meet the Federal share of the cost of the program within that State. For each quarter or shorter period the amount so estimated is then certified to the Secretary of the Treasury for payment to the State. The Certification of grants to the States involves the following processes:

The State budget estimates are reviewed by the Rehabilitation Services. These budgets include (a) a certification by the appropriate State official as to the amount of funds available for the period; (b) an estimate of the total expenditures to be made within the period for vocational rehabilitation; (c) an estimate of administrative expenditures to be made within the period.

In estimating the grant for a quarter or shorter period, the Rehabilitation Services Administration considers the reasonableness of the relationship between proposed expenditures for the purchase of services for clients and those proposed for Administration and Vocational Guidance and Placement services. Consideration is given to the State's estimate of the anticipated caseload and its plans

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[49] Federal Manual, 1-2-4.

for serving this caseload.

All fiscal transactions of the States for each year are audited by a representative of the Department of Health, Education and Welfare to determine whether or not expenditures made are necessary and have been in accordance with the Act, Regulations, State Plans and any applicable State laws, rules, regulations, and standards. If it is found as a result of the audit that insufficient Federal funds have been made available to the State to meet the Federal share of expenditure, succeeding grants to the States are increased by an appropriate amount to adjust for the discrepancy. If the expenditures from Federal funds are not in accordance with the criteria set forth above, the State is so advised and is given an opportunity to justify the expenditure made through the submission of additional material or through explanation of the records involved. If it is determined on the basis of this information that an amount has been expended for purposes for which Federal funds are not available, that amount is deducted from succeeding grants to the State.

On the basis of the State budget estimates, financial reports, information as to the State appropriations, and plans of operation, the Rehabilitation Services Administration prepares an annual budget for the Congress.[50]

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[50] Federal Manual, 1-2-6.

Determination of the Conformity of the Administration of State Plans

The Rehabilitation Services Administration is responsible for the continuous evaluation of the administration of State Plans. Information on the administration of State Plans is obtained in various ways--through reports of State agencies and of the staff of the Federal Office, through fiscal audits and special studies, and through surveys of case services and surveys of the administration of State programs.

If it appears that in the administration of the Plan there is a failure to comply substantially with the provisions of the approved State Plan or a failure to afford reasonable cooperation with other Federal and State agencies providing vocational rehabilitation or similar services, the Director notifies the State of an opportunity for a hearing.

Such hearings would not be called until after reasonable effort had been made by regional and central office representatives of the Office of Vocational Rehabilitation to resolve the questions involved by conference and discussion with State officials. Formal notification of the date and place of a hearing does not preclude further negotiations with State officials.

If after a hearing the Director of the Rehabilitation Services Administration finds that there is a failure on the

part of the State to comply substantially with the approved State Plan or to afford reasonable cooperation as set forth above, he notifies the State that there will be no further certification of funds until he is satisfied that such a failure is rectified, and he makes no further certification of funds to the Secretary of the Treasury for payment to the State.

Establishment of Advisory Standards

The Rehabilitation Services Administration develops advisory standards and technical aids for the guidance of State agencies. The advisory standards establish models or goals for the provision of more adequate services to the disabled. They may pertain to the provision of specific case services, services for specific disability groups such as the cerebral palsied, paraplegics, and blind, or to some aspect of organization and administrative management such as record systems and fiscal practices. Advisory standards and technical aids are developed in collaboration with State agencies and the leading technical experts in the country. The development of such standards and aids requires a continuous evaluation of program needs. Standards must, of course, be reexamined from time to time so that they may be effective in assisting the States in achieving the desired objective of providing vocational rehabilitation to disabled individuals. Additional standards must be developed on the basis of experience and

program growth.

Advisory standards are not mandatory. They may be used in whole or in part or may be adapted to fit the needs of a particular State agency. Their primary purpose is to suggest means for improving the Vocational Rehabilitation Program.[51]

Provision of Consultative Service

The Rehabilitation Services Administration provides consultative services to the States on all phases of the vocational rehabilitation program. These services include evaluation of the administration of State programs and of the provision of case services to improve operations and the quality of services. Assistance may also be given on special problems, such as a program of staff development or the establishment of a rehabilitation center, or in the planning of future operations for more adequate services.

Constant consultation is available to the States from the regional staff and the staff of the central office. The regional staffs are particularly important in this connection since they represent the Federal Office within the region and are responsible for coordinating within the region Federal activities relating to the program. Preliminary arrangements for the provision of consultative services or the making of surveys or studies which involve

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[51] Federal Manual, 1-2-7.

the time of State staff are made with the States through the regional representatives. The regional representatives keep the central office advised on the status of the State programs within the region.

Development of Cooperative Relationships, Needed Facilities and Public Understanding

The development of cooperative relationships with national, public and private organizations interested in the welfare of the disabled is also a major function of the federal office. Written statements of cooperation with national organizations, known as Cooperative Relationship Memoranda, establish a pattern which may be used by the States in the development of cooperative agreements with affiliated State and local organizations.[52]

Studies, Investigations and Reports

The making of studies, investigations and reports with respect to the vocational rehabilitation of disabled individuals is, like the other functions, related to the development of an effective program of vocational rehabilitation services for the disabled.

It includes research concerning the abilities, aptitudes and capacities of handicapped individuals, the development of their potentialities, and their utilization in gainful and suitable employment. It includes studies

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[52] Federal Manual, 1-2; 8-10.

of disabled individuals, as well as studies of the services available and needed, and of employment opportunities and conditions and the effect of both on disabled individuals and their vocational rehabilitation. Also included is research into such problems as those having to do with the development of new devices and their utilization to reduce the specific handicaps of disabled individuals, or problems having to do with the development of special methods and techniques in the field of rehabilitation.

In addition to undertaking research projects itself, the Rehabilitation Services Administration contracts with appropriate agencies for specific research projects, and make grants to the State vocational agencies for research purposes and otherwise foster and encourage research in vocational rehabilitation.

The Office of Vocational Rehabilitation must also study the vocational rehabilitation program as a whole, report on the progress of the program to the Secretary for presentation to the Congress, make recommendations to the Congress as to needed legislation, and make suggestions for the improvement and development of the whole program of vocational rehabilitation services to disabled individuals.

The State Rehabilitation Role

The administration of the vocational rehabilitation program in each State is the responsibility of the State

Board which, in accordance with the Vocational Rehabilitation Act, has been designated as the sole agency for the administration, supervision and control of the State Plan for Vocational Rehabilitation. The State Divisions of Vocational Rehabilitation, operating under the State Boards, provide rehabilitation services to all eligible disabled persons living within the States. In States where there are separate Agencies or Commissions for the Blind, the rehabilitation services for the blind are provided by such agencies where legal authority exists for so doing.[53]

The State Board is a policy-making body with final responsibility for the State vocational rehabilitation program. It exercises general, over-all control of the rehabilitation program. The Divisions of Vocational Rehabilitation or the separate Agencies or Commissions for the Blind are the organizational entities which furnish direct services to individuals and which are therefore concerned with the day-to-day operations of the program.

Development of Program

One of the primary responsibilities of the State agency is to develop a program of rehabilitation adequate to meet the needs of the particular State. This involves a determination of the number of disabled persons in the

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[53] Federal Manual, 1-2-10.

State needing and eligible for rehabilitation, the major groups of disability to be served and the services which these disabled persons need to make them employable. It must also involve a continuing study of the facilities available within the State to meet the needs of the disabled. On the basis of this information the over-all program of rehabilitation is planned. These plans properly interpreted to the State legislature should be the basis for the legislative program affecting rehabilitation both with respect to appropriations and adequate legal provisions for meeting program needs.

Provisions of Services to Individuals[54]

In the provision of vocational rehabilitation services to disabled individuals, the State agency performs a number of related functions. These functions are described specifically below.

The State agency develops and maintains a program of case finding in order to reach all disabled persons in the State who are in need of vocational rehabilitation.

The State agency determines the eligibility of all persons who apply for services or who are referred by cooperating agencies, employers or other interested persons or agencies.

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[54] Federal Manual, 1-2-11.

If an individual is eligible for vocational rehabilitation, the State agency determines the nature and scope of rehabilitation services to be provided to the individual. A plan of service for that individual is formulated with his cooperation. This plan sets forth the employment objective and all rehabilitation services necessary to attain that objective.

Arrangements are made by the State agency for obtaining the services planned for the individual.

Counseling and guidance are furnished by the State agency to the individual throughout the rehabilitation process. The heart of the vocational rehabilitation program is the counseling of the individual. Through this medium the other rehabilitation services are made available to the individual. The counseling function of the State agency includes the determination of eligibility and the determination of the nature and scope of services to be provided the individual, and these responsibilities of the State agency cannot be delegated to an outside agency or individual.

Upon the completion of the plan for services to an individual, including satisfactory placement in suitable employment, the State agency closes the case as "employed," or "rehabilitated." If for some reason suitable occupational adjustment has not been or cannot be achieved, the State agency terminates rehabilitation services and closes

the case in a manner which indicates that the vocational rehabilitation of the individual was not completed.

Development of State Plan and Amendments

As a condition to receiving Federal funds for vocational rehabilitation each State prepares a Plan setting forth the policies and methods relating to the program and submits it to the Office of Vocational Rehabilitation for approval. There is only one State Plan. If there is a separate agency for the provision of vocational rehabilitation services to the blind, the portion dealing with such services is part of the whole State Plan. When amendments are approved they are also incorporated into and become part of the approved Plan.[55]

Planning and Management of the State Rehabilitation Program

In order to provide adequate rehabilitation services to disabled individuals the State agency adopts an organizational structure and methods of administration which will facilitate its operations and effectively achieve program objectives. It establishes policies and standards, provides for the coordination and integration of activities, and establishes adequate controls over expenditures and operations. It provides means for effective supervision of staff which will improve the technical quality of their

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[55] Federal Manual, 1-2-12.

performance as well as provide adequate administrative direction. Among the methods of administration which are fundamental to the effective operation of the program are those relating to the selection of personnel, staff development, the promotion of public understanding and fiscal planning and management.

The State agency determines staff requirements in terms of program plans which take into consideration the potential caseload and the services to be provided. It selects and appoints personnel who meet the qualification standards established in the approved State Plan.

The State agency establishes and maintains a comprehensive program of staff development which includes an organized system of induction and orientation training, and training designed to foster the professional growth of staff members.

The State agency also establishes policies and procedures for the fiscal management of its program and takes whatever steps are necessary to ensure sound fiscal planning and management. Upon the certification of Federal funds to the State, the State agency allocates the funds for contemplated expenditures, and establishes and maintains controls for the expenditure of funds. The State makes payments for necessary expenditures for the vocational rehabilitation program, and submits financial reports of

expenditures to the Office of Vocational Rehabilitation at stated intervals.[56]

Establishment of Policies, Standards and Procedures

The State agency develops and establishes the policies, standards and procedures to be used in the provision of vocational rehabilitation services to disabled individuals in the State. Basic policies are included in the State Plan. They are supplemented with additional materials which specify how agency policy is put into effect.

Developments and Maintenance of Cooperative Relationships

The State agency develops and maintains cooperative relationships with State and local organizations, whether public or private, which are interested in and can contribute to the vocational rehabilitation program. These relationships may be on a formal or informal basis, or may be in oral or written form. They are often expressed in terms of cooperative agreements. Cooperative agreements are developed for two principal purposes. They are used as a means of obtaining referrals and they are used as a means of obtaining services needed for the vocational rehabilitation of the disabled. Cooperative agreements outline the services available from each of the cooperating agencies and indicate the methods or procedures which will be used in making

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[56]Federal Manual, 1-2; 12-15.

referrals or providing services. They should be distinguished from contracts for the purchase of services in individual cases.

Recording and Reporting in the State Program

The State agency establishes and maintains a system of case recording which is designed to provide adequate data as to the needs and problems of each case. The case records are the basis for the justification of particular services and expenditures. Information in case records includes the basis for the determination of eligibility, the basis justifying the plan of services and the reason for closing the case together with a justification of the closure.

In addition to making financial reports on expenditures, the State agency prepares statistical reports on services to individuals. The State agency also prepares such other reports on the administration and operations of the State agency as the Federal Director may require.

The Uniqueness of State Vocational Rehabilitation Agencies Among Agencies Serving Disadvantaged People[57]

The strength of the state vocational rehabilitation programs in a total program of services to handicapped

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[57]This heading and much of the material in this section is excerpted from The State-Federal Vocational Rehabilitation Program Looks to the Future: A statement of mission and goals published by Council of State

people stems to a considerable extent from the unique qualities of the programs. Some of these are discussed briefly in the following paragraphs:

The vocational rehabilitation agencies are responsible for providing vocational rehabilitation services to all disabled youth and adults with employment problems. In fact, a state vocational rehabilitation agency cannot exclude any class of handicapped people and receive federal funds. Most agencies with related programs have services limited to a specific class of the handicapped, such as the mentally ill, the mentally retarded, the alcoholic, the offender, etc., or to certain age groups.

Vocational rehabilitation agencies have authority to provide substantially all of the services that are needed to evaluate the rehabilitation potential of the individual and prepare him for employment. Most agencies with related programs are limited to the provision of specified services, such as medical services, social security benefits, vocational training, placement, etc. The opportunity to provide all of the services rather than a part of the services needed to help an individual achieve rehabilitation is an indispensable element in the vocational rehabilitation process and has contributed most substantially to the results that have been achieved. It has resulted in the development

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Administrators of Vocational Rehabilitation (Washington, D.C.: 1968), p. 62.

of a new profession, rehabilitation counseling, the skills of which include vocational evaluation and integration of all services directed toward helping a handicapped person solve his problems.

The services of a state vocational rehabilitation agency are available on equal terms to handicapped people in all subdivisions of the state. Services are not dependent upon the action of local governmental bodies, although the cooperation of subdivisions of the state is sought; these subdivisions may contribute to the enrichment of programs for their own handicapped people under conditions specified in state vocational rehabilitation plans.

Laws and regulations governing the administration of rehabilitation programs in the state are flexible, enabling the state agency to work with related agencies in almost any way that will expedite the rehabilitation of handicapped people. Vocational rehabilitation agencies may either provide services directly or purchase services from other state or voluntary agencies or from private practitioners. For example, a state agency may provide directly most counseling services but purchase most of its medical services. This flexibility has made it possible for these state vocational rehabilitation agencies to initiate cooperative agreements with other agencies and to be innovators in developing joint programs.

The flexibility of funding of state vocational agency programs makes it possible for state vocational rehabilitation agencies to be experimental and innovative in their approach in the provision of rehabilitation services. As a result of this flexibility, vocational rehabilitation agencies have expanded rapidly in recent years, utilizing new methods and techniques in the provision of services, and initiating rehabilitation services to groups for whom such services were not formerly available. If the state vocational rehabilitation agency is uncertain with respect to the effectiveness of specified vocational rehabilitation services to certain groups, it can initiate research and demonstration programs and/or innovation programs through which it can test various hypotheses with respect to the effectiveness of services. Flexibility in funding has been a key factor in recent expansion of vocational rehabilitation programs. This flexibility, which includes the authority to waive statewide participation in the program, permits local administration of rehabilitation programs under state regulations; authorizes the use of local funds, including funds donated by private organizations and individuals, to match federal funds on a liberal basis; and makes it possible for the vocational rehabilitation agency to play an important role in the "city projects" being designed to coordinate the resources of many agencies to alleviate the human problems

in the cities. This same felxibility of operation can be helpful in many other situations.

The availability of funds for education and training of staff, both institutional and in-service, has enabled the state vocational rehabilitation agencies to make rapid strides in expanding their staffs and increasing their effectiveness. State vocational rehabilitation agency staffs are the best educated and trained of all the specialized state agencies providing services directly to disadvantaged people.

The Expansion of the Program

The Smith-Fess Act of 1920 was for the purpose of encouraging the states to enact similar legislation for rehabilitating the civilian disabled. This definition of the disabled to be served later underwent changes with amendments to the act in 1943, 1954, 1965, 1967 and 1968.

The Civilian Vocational Rehabilitation Act was a temporary measure and the appropriations in 1920 were also on a temporary basis. The appropriation was for one million dollars and required the states to match dollar for dollar with the Federal Government. The money was to be used to promote rather than underwrite such services as vocational guidance, training, occupational adjustment, prosthetics and placement. This money was allocated to the states on the basis of population. From 1920 until 1943 changes in legislation were minor and appropriations small.

The act actually carried on from 1920 to 1935 on a temporary basis. From 1920 to 1924 funds of 1 million dollars were appropriated each year for the basic act. In 1924 the funding was extended for six years.

Public Law 317 in 1930 extended the Smith-Fess Act for three years with an amendment to grant funds only to those states prepared to match them on the 50:50 basis. A four-year extension was granted by Congress in 1932. In 1935 the Social Security Act, though not amending the Vocational Rehabilitation Act, did authorize Congress to support rehabilitation as a continuous policy. The Randolph-Sheppard Act of 1936 authorized State licensing of the blind to operate vending stands in federal buildings, opening the way for preferential employment opportunities for the handicapped. The grants to the states were increased to a total of two million in 1935 and in 1939, again through the Social Security the annual appropriation was upped to three and one-half million dollars. Comprehensive amendments in 1943 and larger appropriations enabled the program to develop rapidly during the war.

The year 1943 found the United States at war and facing a manpower shortage. Vocational Rehabilitation was hailed by many as an answer to this shortage. Perhaps as a result Public Law 78-113, the Vocational Rehabilitation Act Amendments of 1943 (Barden-LaFollette Act), provided more liberal financing and broadened the concept of

rehabilitation. The blind and the mentally handicapped and mentally ill were now included, and services provided by the states were increased. The 1920 act had limited the meaning of "person disabled" to a person with a physical defect or infirmity. The 1943 law defined "vocational rehabilitation services as any services necessary to render a disabled individual fit to engage in a remunerative occupation." By deleting "physical" the new definition made the mentally ill and the mentally handicapped eligible for services for the first time.

Such services as surgery, therapeutic treatment, transportation, occupational licenses, and tools were included. According to one observer:

> Prior to 1943, vocational rehabilitation was little more than an extension of Vocational Education and, in reaction, the 1943 medical services provision was pushed hard by the national leadership.[58]

In addition Public Law 113 provided for the Federal Government to reimburse the States for all administration costs as well as pay 100 percent of the costs of vocational guidance and placement. Case service costs--such as training, prosthetics and transportation was to continue being funded on the 50:50 matching ratio. This nonetheless was a marked increase in federal financial involvement.

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[58]Garth L. Mangum and Lowell M. Glenn, Vocational Rehabilitation and Federal Manpower Policy, Policy Papers in Human Resources and Industrial Relations, No. 4, The Institute of Labor and Industrial Relations, The University of Michigan, November 1967, p. 35.

Public Law 113 also transferred the vocational rehabilitation programs from the Office of the Commissioner of Education to the Office of Vocational Rehabilitation under the Federal Security Administration. O.V.R. then organized eight regional offices to administer the vocational rehabilitation programs in the various sections of the country. In 1954 Public Law 83-565 again effected major changes in the state-federal vocational rehabilitation program in provisions for financing, professional training, and expansion of services resources, and provision for a system of priority to be established by states for acceptance of applicants when not all can be accepted. Federal funds were now required to be allocated to the states on a formula based on per capita income as well as population of the state. The objective of this formula was to provide greater financial assistance to the states with small per capita income.

The authority for research, demonstration and training activities that were made available by the 1954 Amendments were added to other Federal Grant-In-Aid statutes in the following decade. These grants were made to both public and private non-profit organizations such as universities. Training grants are made to support the training of more professional personnel for rehabilitation services. These include: long-term grants to educational institutions and rehabilitation agencies for support of basic or advanced

professional training; short-term grants for training less than a semester in duration; in-service training grants to state agencies for staff development and rehabilitation research fellowships.

The Vocational Rehabilitation Act Amendment of 1965, Public Law 89-333, in addition to financing provisions, provided for extended evaluation to determine employability and eliminated economic need as a criteria for services. By 1968 (Public Law 90-391) the law included diagnostic studies for determining that an individual is disadvantaged and has an employment handicap.

The 1965 Amendments increased the scope of vocational rehabilitation services offered to the people by broadly defining the concept of disability as follows:

> Physical or mental disability means a physical or mental condition which materially limits, contributes to limiting or if not corrected will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors.[59]

This broadened the scope of rehabilitation services to where the agency could definitely work with the socially and culturally disadvantaged--the poor. About all that was needed was for the counselors to declare them eligible and find them feasible and for this another portion of the 1965

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[59]U.S. Congress, House, Public Law 89-333, 89th Cong., 2nd sess., 1966.

Amendments would help them determine feasibility.

Prior to 1965 it was recognized that many people were not receiving services because it was impossible to determine their employment potential at the initial interview or following diagnostics. The 1965 Acts provided for services to be given a person for up to six months for the purpose of evaluating his employment potential. Eighteen months is allowed for mentally retarded and ten other categories designated by the Secretary of HEW. This provision for extended evaluations to determine employment potential of the severely disabled could have opened the door to working with many persons not generally thought to be feasible.

Federal funds continued to be allocated on the basis of population and per capita income but the matching ratio was established on a uniform basis of three federal dollars to one state dollar. This resulted in a doubling of federal expenditures in the following two years. No state was to receive more than its allocation and no state was allowed to reduce its own allocation because of the availability of additional federal funds. For the first time Federal funds were made available for the states to do comprehensive statewide planning for providing rehabilitation services to all disabled persons.

As this paper deals with the question of whether vocational rehabilitation is working with the disadvantaged

to the amount proportionate to what might reasonably be expected it is relevant to note that in the hearings and floor debate on the 1965 bill vocational rehabilitation's contribution to the war on poverty was a predominant theme.[60]

The 1967 Amendments to the Vocational Rehabilitation Act abolished the residence requirement which excluded from rehabilitation services persons who were otherwise eligible. This assurance must be incorporated into the state plan. The 1967 Amendments also provided funds to extend rehabilitation services to handicapped migrant workers.

Public Law 90-391--July 7, 1968 altered funding in two ways. First it guaranteed that each state would receive a minimum of one million dollars if the states' normal proportionate amount of funds as determined under the population and per capita income formula would cause it to receive less. Second, it provided that starting on June 30, 1969 the federal share of the matching would be increased from 75 percent to 80 percent.

Today's Goals

Some authors have reported rehabilitation as having changed its emphasis from economics to humanitarianism.[61]

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[60] Mangum and Glenn, Vocational Rehabilitation, p. 8.

[61] Ibid.

As indicators of this shift they point to the 1965 amendments and the liberalizing of federal financing and case service eligibility. They were in addition probably influenced in this conception by statements of influential leaders in the rehab field. Mary Switzer, longtime director of the Office of Vocational Rehabilitation, Commissioner of the Vocational Rehabilitation Administration in 1963 and first head of the Social and Rehabilitative Services following HEW reorganization in 1967, stated in 1964 as she reflected upon passage of the Civil Rights Act and its recognition of the deprivation of our fellow citizens:

> What rehabilitation programs have demonstrated for physically and mentally handicapped people can and must be translated into rehabilitation-minded programs which will use the same methods and produce the same results for the much wider audience our nation now faces among the so-called "hard-core" groups of the disadvantaged, the unemployed and the socially adrift.[62]

Miss Switzer went on to say that she felt vocational rehabilitation was at a transitional stage between willingness to act for economic reasons and willingness to act for social reasons.[63]

Switzer gave recognition to the growing philosophy that an advanced civilization should so order its system that all disabled people be restored as fully as possible,

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[62]Mary E. Switzer, "Rehabilitation a Decade Hence," Rehabilitation Record, V, No. 4 (July-August, 1964), 19.

[63]Ibid., 22.

regardless of economic benefits to anyone.[64]

Mission of Vocational Rehabilitation Agencies as Related to the Scope of Individuals to be Served and Services to be Provided[65]

The current definition of disability in the regulations governing the administration of the Vocational Rehabilitation Act results in millions of handicapped people who are "eligible" for vocational rehabilitation services. In addition to individuals whose disabilities are the result of medically definable physical or mental impairments (the traditional sources of agency clientele), there are added millions whose disabilities consist of behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community, which may result from vocational, educational, cultural, social, environmental, or other factors. Eligibles for vocational rehabilitation services under such a definition may include the public offender, the alcoholic, the drug addict, and the socially and culturally deprived, provided these people are truly "handicapped" in finding and holding suitable employment. In considering the relationship of disability to handicap, one considers all of the factors-environmental, educational, and social--which

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[64] Ibid.

[65] Excerpted from A Statement of Mission and Goals: The State-Federal Vocational Rehabilitation Program, published by Council of State Administrators of Vocational Rehabilitation. Washington, D.C.: 1968, pp. 7-8.

will impede a person's performance and intensify the vocational handicap.

This broader definition of disability is intended to free state vocational rehabilitation agencies from the restrictions imposed by previous definitions of disability and its relation to handicap, and to enable them to use their services and skills freely to serve handicapped people who obviously can profit from vocational rehabilitation services, but who might have been excluded from such services because they did not appear to be "disabled" under traditional interpretations of the meaning of disability.

CHAPTER II

IDEOLOGICAL FOUNDATIONS OF VOCATIONAL REHABILITATION

Rehabilitation in American Society

In America, our school system and our entire way of life are based upon the assumptions that every individual has the right of life, liberty, and the pursuit of happiness, and that these rights of the individual impose a corresponding obligation upon the State to provide those necessary services which will allow all, not just part, of its citizens to reach a satisfactory level of personal productivity. An awareness of the intrinsic dignity of man is reflected in the concept that manpower is a precious resource, not to be treated wastefully, but to be utilized effectively and productively. W. Scott Allan, in a discussion of the tools of rehabilitation, points out that rehabilitation is a philosophy which permeates many aspects of our cultural life, both for groups and individuals. It is primarily the performance of a task; namely, the organization of the means to overcome the effects of disability.[1]

Overcoming obstacles, forging a new life and improving one's lot are themes spun through American history.

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[1]W. Scott Allen, Rehabilitation: a community challenge (New York: John Wiley and Sons, 1958).

American society has been a business society where investments have not only paid off but are expected to pay off.

The terms Rehabilitation and Vocational Rehabilitation are, in America, synonymous. To rehabilitate most often means to effectively prepare a disabled person for employment. Indeed, agencies handling rehabilitation are termed vocational rehabilitation agencies, the Acts of Congress are known as vocational rehabilitation acts, and in the Act of 1930 the Act was to "provide for the vocational rehabilitation of disabled persons and their placement in employment."[2]

The philosophy behind rehabilitation in the United States appears to be dominated by two forces, investment (with returns) and the work ethic. Under these two, rehabilitation is considered good for the State and good for the client.

Federal and state support of vocational rehabilitation service is based upon the following concepts: work is one of the basic ingredients of American culture, and disabled people have a right to work; America needs the productive effort of all of its citizens; it is important to the nation that the handicapped person become a more efficient consumer; disability results in dependence and

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[2]Vocational Rehabilitation Act Amendments, Statutes at Large, XLCI, pt. 1, 525 (1930).

the cost of dependence is a serious drain upon the economy of the nation; and specialized agencies and specialized programs are required to prevent disabled people from being neglected in programs designed to serve the general public.

Investment Policy in Vocational Rehabilitation

Rehabilitation is promoted as the government program that pays returns. It is not "money down the drain," so to speak. Senator Hubert Humphrey (D-Minn.), in 1954, rose in Congress with these words:

> I believe the facts are crystal clear that no project the Government could support would yield more return in terms of human resources and also in terms of economic value to the Nation and to the communities of the Nation than a vocational rehabilitation project or program.[3]

The theme of investment runs throughout the literature of rehabilitation. Vocational rehabilitation is seen as "sound fiscal policy" which "will pay . . . dividends,"[4] a "humanitarian program" which will prove a "solid and prudent investment" guaranteeing "a profitable return,"[5] a program that saves money immediately.[6] One writer has even

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[3]U.S., Congress, Senate, 83rd Cong., 2nd sess., July 7, 1954, Congressional Record, C, 9900.

[4]Wesley C. Westman, "Attitudinal Barriers to Vocational Rehabilitation," Journal of Rehabilitation, XXXIV, No. 3 (May-June, 1968), 23.

[5]U.S., Congress, House, 90th Cong., 2nd sess., May 6, 1968, Congressional Record, CXIV, 11816.

[6]E. B. Whitten, "Robbing Peter to Pay Paul," Journal of Rehabilitation, XIX, No. 2 (March-April, 1953), 2.

gone so far as to compare humans with machines and thus says:

> As it is good business to preserve and extend the life of a productive machine, so it is even better business to preserve and extend the productive abilities of an individual workman.[7]

The investment theme has been given legislative language approval, as contained in the purpose of the Acts, stated as "assisting . . . in rehabilitation" for employment "thereby increasing not only their social and economic well-being but also the productive capacity of the nation . . ."[8]

The factor of monetary return for investment has been of interest through the years but the figures quoted have not always been in agreement. Nor has the emphasis remained constant. Prior to the 1960's, emphasis appears to have been placed on increased tax returns from the rehabilitated. And in one analysis[9] an admittedly conservative estimate of the rehabilitated clients' increased lifetime earnings is placed at "about $4.7 billion, about $8 for each dollar of the social cost of rehabilitation services." In an article first published in 1967 Elizabeth Drew reports on a cost-benefit analysis in which the

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[7]Howard L. Benshoff, "Rehabilitation--A Business Challenge," Journal of Rehabilitation, XX, No. 1 (January-February, 1954), 2.

[8]Public Law 565, 83rd Cong., 2nd sess., Chapter 655, S-2759. See also 1965 Rehabilitation Act Amendments.

[9]Ronald W. Conley, "A Benefit Cost Analysis of the Vocational Rehabilitation Program," Journal of Human Resources, IV, No. 2 (Spring, 1969), 226.

vocational rehabilitation ratio was 12 or 13 to 1, or $12 or $13 in earnings.[10] According to Mangum and Glenn[11] the 1965 rehabilitants earned $50 million a year before services and $300 million at closure, and the rehabilitation agency estimates a return of four to five dollars in tax returns during the earning lifetime of the 1965 rehabilitants.

Floor debate in the United States Senate in 1965 records Senator George Murphy (R-Calif.) calling vocational rehabilitation a bargain with a $5 to $1 tax return,[12] as does Senator Ralph Yarborough (D-Texas).[13] And at the same time the State of Nevada estimated a return of $10 to $1 on the 95 rehabilitants in that state in 1965.[14] In 1960 the economic return was listed as "from seven to ten dollars in Federal income taxes for every Federal dollar invested in their rehabilitation."[15] The HEW Annual Report for 1955

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[10]Elizabeth Drew, "HEW Grapples with PPBS," in Politics, Programs and Budgets, ed. by James W. Davis, Jr. (Englewood Cliffs, N.J.: Prentice Hall, 1969), p. 172.

[11]Mangum and Glenn, Vocational Rehabilitation, p. 46.

[12]U.S., Congress, Senate, 89th Cong., 1st sess., October 21, 1965, Congressional Record, CXI, 28010.

[13]U.S., Congress, Senate, 89th Cong., 1st sess., October 1, 1965, Congressional Record, CXIV, 25838.

[14]Nevada, State Department of Education, Vocational Rehabilitation, Annual Report, July 1, 1964-June 30, 1965, p. 13.

[15]U.S. Department of Health Education and Welfare, Annual Report, 1960 (Washington, D.C.: Government Printing Office, 1956), p. 186.

estimates the return as $10 for every dollar invested.[16] and in 1954, though declining to assign numbers to the return President Eisenhower stated:

> . . . we are spending three times as much in public assistance to care for non-productive disabled people as it would cost to make them self-sufficient and tax-paying members of their communities. Rehabilitated persons as a group pay back in Federal income taxes many times the cost of their rehabilitation.[17]

The figures given throughout the years have varied, as can be seen above. The more recent estimates seem to be somewhat more conservative than earlier figures. Of interest at this point is a statement made by one official in 1950:

> It is a conclusively established fact, demonstrated over a period of years, that every dollar invested in rehabilitation is returned to our economy thirtyfold.[18]

Removal from the public burden and increased tax revenue are often coupled. The latter appears as a result of the former. In fact, this preoccupation with the economics of rehabilitation dominates most reports and

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[16] U.S., Department of Health, Education, and Welfare, Annual Report, 1955 (Washington, D.C.: Government Printing Office, 1956), p. 186.

[17] U.S., President, Public Papers of the Presidents of the United States (Washington, D.C.: Office of the Federal Register, National Archives and Records Services, 1953--), Dwight D. Eisenhower, 1954 (Special message to the Congress on the Health Needs of the American People, January 18, 1954), p. 74.

[18] J. H. Bond, "Rehabilitation--American Style," Journal of Rehabilitation, XVI, No. 3 (May-June, 1950), 18.

articles[19]--both official and non-official--and has been a major argument in Congressional debates.[20]

One concern voiced in relation to legislation has been the cost of public assistance. Those on public assistance who are handicapped are constantly viewed as burdens on the national pocketbook. Some resent "the unnecessary burden of carrying 'could-be' wage earners on their backs as idle dependents . . . . They reject the 'dole' with its pauperizing and paternalistic effects as being a fatalistic acceptance of a continuing economic liability."[21]

The 1953 Annual Report of the Department of Health, Education, and Welfare states that nearly one out of five rehabilitated in 1953 were receiving public assistance either before or during the course of services.[22] In 1954

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[19]"A Business Proposition," Journal of Rehabilitation, XXXI, No. 2 (March-April, 1965), 33. Also Corbett Reedy, "The Image and the Obligation of NRA," Journal of Rehabilitation, XXX, No. 2 (March-April, 1964), 10.

[20]U.S., Senate, Senator William A. Purtell (R-Conn.), Congressional Record, C, 9891. Ibid., Senator Barry Goldwater (R-Arizona), 9901, and Senator J. E. Murray (D-Mont.), 9908. U.S., Congress, House, 71st Cong. 2nd sess., April 28, 1930, Representative D. D. Glover (D-Arkansas), Congressional Record, LXXII, 7886. Ibid., Representative E. B. Almon (D-Alabama), 7887. See also U.S., Congress, House, 78th Cong., 1st sess., June 10, 1943, Congressional Record, LXXXIX, 5661. Ibid., 5659.

[21]Benshoff, "A Business Challenge," 2.

[22]U.S., Department of Health, Education, and Welfare, Office of Vocational Rehabilitation, Annual Report, 1953 (Washington, D.C.: Government Printing Office, 1954), p. 230.

public assistance costs to the disabled were approaching a half billion dollars per year and it was felt if disabled recipients could be rehabilitated, assistance costs would be greatly diminished.[23] "Between 1958 and 1967 the percentage of rehabilitants receiving public assistance at acceptance ranged between 12 and 13 percent and was reduced at closure to between 5 and 6 percent."[24]

The Vocational Rehabilitation Administration conducted a cost-benefit analysis, a portion of which appears in the Congressional Record[25] and states in part:

> It was found that every dollar expended on these 200,000 (1966 sample) disabled persons will produce a life-time increase in earnings and value of work activity of $35. This is exclusive of other economic benefits of VR services such as reduction in public assistance payments and in cost of support in tax-supported public institutions.

Actually, a cost-benefit analysis concluding that public assistance costs are decreased by rehabilitation is falacious as removal of a client from welfare rolls only

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[23]U.S., Congress, Senate, 83rd Cong., 2nd sess., July 7, 1954, Congressional Record, C, 9891.

[24]Conley, "Benefit-Cost Analysis," 244.

[25]U.S., Congress, House, 90th Cong., 2nd sess., May 6, 1968, Congressional Record, CXIV, 11821. See also George N. Wright, Kenneth W. Reagles, and Alfred J. Butler, The Vocational Rehabilitation of the Culturally Disadvantaged: A Longitudinal Study in Wood County, Wisconsin (Madison, Wisconsin: The University of Wisconsin, Department of Studies in Behavior Disabilities, Regional Rehabilitation Research Institute, 1969); and U.S., Department of Health, Education and Welfare, Vocational Rehabilitation Administration, An Exploratory Cost-Benefit Analysis of Vocational Rehabilitation (Washington, D.C.: U.S. Government Printing Office, August, 1967).

causes a transfer of payments, not a savings. Funds are allocated for welfare, to be used by welfare agencies and payments previously given to client now removed from the welfare rolls are transferred to another welfare applicant.

Those receiving benefits under Social Security (the Federal Disability Trust Fund or Federal OASI Trust Fund) may also be eligible for Vocational Rehabilitation. If so, the cost of services is charged to these funds.

> Rehabilitating beneficiaries of this federal program is good business. Each one placed in employment results in a saving to the trust fund. And since most of those who request rehabilitation are happier at work, individuals and the economy both profit.[26]

W. Harry Schwarzchild, Jr. Chairman of the Virginia Board of Vocational Rehabilitation, looks forward to the time when all the disabled in Virginia "will become productive citizens."[27] Representative Bankhead (D-Alabama), in 1930, read in Congress a report by John Aubel Kratz, then chief of the Vocational Rehabilitation Service, wherein he stated "the significance of this investment (in rehabilitation) of public funds is not only that it brings immediate returns, but also that it yields continuous and cumulative profits."[28] This same theme is echoed eighteen years later

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[26]Washington, Division of Vocational Rehabilitation, 1969 Annual Report, p. 24.

[27]Virginia, Department of Vocational Rehabilitation, Vocational Rehabilitation, Vocational Rehabilitation: Investment in Ability, Annual Report, 1967, p. 1.

[28]U.S., House, Congressional Record, LXXII, 7879.

in the Annual Report of the Office of Vocational Rehabilitation:

> Where a disabled person may be made fit for employment, through rehabilitation, and become a tax producer, rather than a tax consumer, it would seem poor economy to deny him these necessary services.[29]

One source estimates that the decrease in public assistance payments and increase in income taxes paid by rehabilitants since 1961 has grown 12 to 13 percent of the estimated annual increase in earning.[30] ". . . the actual benefit to taxpayers is much larger, perhaps as much as 25 percent of the increased output attributable to rehabilitation."[31]

> Indeed, one of the gratifying features of this program is the likelihood that vocational rehabilitation, in the long run, costs the Federal Government nothing.[32]

Rehabilitation as a Source of Manpower for National Security

Preoccupation with dependency and public assistance observable now, though certainly not new, has not always

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[29]U.S., Federal Security Agency, Office of Vocational Rehabilitation, Annual Report, 1948.

[30]Conley, "Benefit-Cost Analysis," 247.

[31]Ibid. See also U.S., Senate, Congressional Record, C, 9922, statement of Senator R. W. Upton (R-New Hamp.) wherein he states that, on the average, the rehabilitated worker will repay the Federal cost of his rehabilitation in three years with income taxes alone.

[32]U.S., Federal Security Agency, Annual Report, 1948, p. 586.

been in the fore. In times of war and increased "defense" interest the manpower consideration has recurred frequently in debates.

> If in aiding the rehabilitation program we can step up our manpower, it will make us stronger in manpower and better able to compete with the tremendous preponderance of manpower which the Communist nations now have.[33]

In addition to the expressed need for increased manpower has been the philosophy that rehabilitating the disabled makes "an impressive and lasting contribution to the stability and welfare of our country."[34]

> Vocational rehabilitation--in the reestablishment of independence, the utilization of abilities, and the development of skills--has values that are also measured in terms of citizen morale, community strength, and national security.[35]

Rehabilitation is seen as a means for making the disabled in America "good" citizens; and as good citizens they will then be a testament of American democracy.

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[33]U.S., Senate, Congressional Record, C, 9924. Also U.S., House, Congressional Record, LXXXIX, 5664, Representative W. I. Troutman (R-Penn.) saw the rehabilitated placed in "work essential to war production." See also U.S., Federal Security Agency, Office of Vocational Rehabilitation, Annual Report, 1952 (Washington, D.C.: Government Printing Office, 1953), p. 3 where there appears a heading "Manpower for Security," and Annual Report, 1951, p. 19 where Vocational Rehabilitation is seen as a "contribution to the military security . . . of our country."

[34]U.S., Senate, Congressional Record, C, 9901. Also, U.S., House, Representative Barden, Congressional Record, LXXXIX, 5655.

[35]U.S., Senate, Congressional Record, C, 9901. Also, U.S., House, Representative Barden, Congressional Record, LXXXIX, 5655.

Representative Dominick V. Daniels (D-New Jersey) sees it as a

> . . . basic concept of American democracy that every individual be given an opportunity to make the most of his abilities. This means the opportunity to work, to earn, to pay taxes to one's government, and otherwise assume the rights and responsibilities of full citizenship.[36]

President Eisenhower, in a special message to Congress in 1954, saw a national advantage in the restoration of the handicapped, calling it "a program that builds a stronger America."[37] Upon signing the Vocational Rehabilitation Amendments of 1954, President Eisenhower expressed the view that the law ". . . reemphasizes to all the world the great value which we, in America, place upon the dignity and worth of each individual human being.[38]

Vocational Rehabilitation as a Solution to Social Problems

In addition to producing good and worthy citizens, rehabilitation is viewed as one solution to some of our major social problems. Many rehabilitation personnel hold a rather dim view of welfare and public assistance benefits. They feel that opportunities should be expanded but "do not

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[36]U.S., Congress, House, 90th Cong., 1st sess., August 21, 1967, Congressional Record, CXIII, 23288.

[37]U.S., President, Public Papers of the Presidents, Eisenhower (Special Message), p. 74.

[38]U.S., President, Public Papers of the Presidents, Eisenhower, 1954 (Statement by the President upon Signing the Vocational Rehabilitation Amendments of 1954, August 3, 1954), p. 676.

subscribe to the idea that the solution to the problem of the handicapped is the building of a floor under poverty."[39]

As a result social workers are oftentimes seen as people who aid and assist in making others give up their initiative and seek a lifetime of welfare. The rehabilitation agency (and counselor) is, then, seen as the force which aims at returning a measure of independence and self-support, reducing public dependency and assistance costs. In 1929 the Rehabilitation Division in Michigan prepared a report, inserted in the Congressional Record under the heading: Rehabilitation Helps to Solve Our Major Social Problems. It reads:

> Rehabilitation reduces unemployment, poverty, and dependency--three of our major social problems! It helps guarantee disabled citizens of our State a fundamental right and opportunity--the right to work and earn a living![40]

In the debates on the 1965 Vocational Rehabilitation Act Amendments, it was felt that vocational rehabilitation was a proven anti-poverty program. Eighty percent of those entering rehabilitation services were poor with no income.[41] So logically, if they can bring in an income after services some portion of the War on Poverty has been won. Mangum and Glenn also say:

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[39]Bond, "Rehabilitation--American Style," 17.

[40]U.S., House, Congressional Record, LXXII, 7882.

[41]Mangum and Glenn, Vocational Rehabilitation, p. 8.

> To the extent that the clients have been poor, it has probably been due more to the fact that all states were required until 1965 to use means tests as qualifying criteria for certain services and to the likely overrepresentation of the poor among the disabled than to deliberate policy . . . . On the whole, despite the considerable rhetoric, Vocational Rehabilitation appears to have been less an active agent for lifting the economically disadvantaged into a more productive life than a preventive program to curtail the slippage of the disabled among the lower middle class into the poverty subculture.[42]

The announced goal, however, is to serve, not only the physically handicapped, but also the ones who

> . . . are handicapped because of how and where they have lived and because of the environment in which they have had to survive with its lack of even the essentials of the "good life."[43]

One legislator sees rehabilitation as

> . . . the fastest, least complicated, and most promising legal and administrative way to begin to solve the nation's most critical domestic problem, its current racial problem, at the point where it can most easily and rapidly be solved--employment.[44]

And a practitioner sees rehabilitation as a

> . . . reprieve from the terrible degradation and misery of the nonproductive, nonsatisfying, and, indeed, often lifeless existence to which most welfare recipients are permanently condemned.[45]

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[42] Ibid., pp. 22-23.

[43] Mary E. Switzer, "The Cutting Edge of Rehabilitation," Journal of Rehabilitation, XXXVI, No. 5 (September-October, 1970).

[44] Francis Appleton Harding, "Should Vocational Rehabilitation Agencies Rehabilitate the Negro?," Journal of Rehabilitation, XXXVI, No. 3 (May-June, 1968), 15.

[45] George E. Ayers, "Vocational Rehabilitation Gives Welfare Recipients New Lease on Life," Journal of Rehabilitation, XXXIII, No. 2 (March-April, 1967), 13. Note also C. L. Eby, "The Annual Conference," Journal of Rehabilitation, XXX, No. 2 (March-April, 1964), 2.

Another writer[46] believes the objectives of vocational rehabilitation and the anti-poverty program to be related. Why then was the anti-poverty program not put through or under vocational rehabilitation, particularly when most cases in rehabilitation agencies would meet most any poverty "means" test?[47]

> The war against poverty, despite all of its mistakes, its confusion and its too-quick claims of success, has nevertheless demonstrated unmistakably that established agencies, both private and public have largely neglected the poor.[48]

Programs undertaken in two cities, Detroit and San Antonio, in an attempt to remedy this situation are reported in two publications.[49] Another project in Arkansas worked with selective service rejects. Recommendations from that study are that more vocational-technical schools would help

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[46]Jerome S. Bernstein, "Vocational Rehabilitation: Powerful Ally in the War against Poverty," Journal of Rehabilitation, XXXI, No. 5 (September-October, 1965), 15. Note also Representative Ayres statement, "The vocational rehabilitation program is the most successful antipoverty effort supported by our Federal Government." U.S., House, Congressional Record, CXIV, 11816.

[47]U.S., House, Congressional Record, CXIII, 23289. Representative Albert Quie (R-Minn.), "The drafting of the poverty legislation, the Economic Opportunity Act, forgot all of the model features of vocational rehabilitation."

[48]Bernard Stern, "Rehabilitation and the Community: Challenge and Response," Journal of Rehabilitation, XXXIII, No. 4 (July-August, 1967), 2.

[49]Peter Griswold, "The Inner City Challenge," Rehabilitation Record, X, No. 3 (1969), 33-37; and Education, Evaluation and Research Associates, The San Antonio Rehabilitation--Welfare Final Report on Research and Demonstration Project RD 1513, March, 1969 (Washington, D.C.: U.S., Department of Health, Education, and Welfare), 334 pages.

solve the school dropout problem and the culturally and educationally disadvantaged can profitably be included under those eligible for rehabilitation.[50]

Representative Ogden Reid (R-New York), speaking in Congress after publication of the Riot Commission's report, proposed that

> Now, more than ever before, in the light of the Riot Commission report, it is essential that vocational rehabilitation services, while continuing to focus principally on the physically handicapped, also become involved in assisting handicapped ghetto dwellers and the rural poor.[51]

By the 1960's, then, rehabilitation, along with other programs and proposals, was seen more and more as a possible solution to the social problems creating so much turmoil in the country. It was obvious that something must be done.

Strategy was the serious constraint, however . . . . "There was no disposition simply to give the money to the poor in order to reduce their poverty. They had to earn their way."[52]

"Rehabilitation rather than relief" became the catch phrase, the basis of what strategy there is. This particular

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[50]Arkansas Rehabilitation Service, A Demonstration of the Effectiveness of Vocational Rehabilitation Services to Selective Service Rejects (Little Rock, Ark.: Arkansas State Board for Vocational Education, February 15, 1968).

[51]U.S., House, Congressional Record, CXIV, 11815.

[52]Garth L. Mangum, "The Why, How, and Whence of Manpower Programs," The Annals of the American Academy, CCCLXXV (May-September, 1969), 53.

"vision" of rehabilitation is not new; as witness this quote in the 1931 Report of the Federal Board for Vocational Education: ". . . the rehabilitation service throughout the Nation will become a most potent agency in the maintenance of the economic and social welfare."[53] And a recent statement of the Council of State Administrators of Vocational Rehabilitation stated:

> It is gradually becoming known that state vocational rehabilitation agencies are the original "antipoverty" agencies; that the clients of the rehabilitation agencies are practically all in the "poverty" bracket economically . . . .[54]

Work Emphasis in Vocational Rehabilitation

Throughout the literature on rehabilitation runs the ethic of work, often voiced in the proverb, "Idleness is the devil's workshop." To many people, the general public as well as rehabilitation personnel, idleness and dependence take on meanings that color their conception of people they see as being in these categories.

> Our social philosophy states strongly that the greatest rewards should go to the most productive. "Who does not work, neither shall he eat." Those who do not produce are by implication, inferior. Our humanitarian values (no one should starve in the midst of Plenty) may seem to be contradicted; nevertheless we increasingly demand of the needy that they be willing to conform and be

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[53] U.S., Federal Board for Vocational Education, 15th Annual Report: 1931 (Washington, D.C.: U.S. Government Printing Office, 1931), p. 73.

[54] A Statement on Mission and Goals, op. cit., p. 11.

"rehabilitated" from the sin of dependency to qualify for financial aid.[55]

Work becomes an American virtue, the nation needs productive work, in fact a person "owes" his country his productive work in return for its benefits. Disability brings costly dependence and social waste. Thus President Eisenhower in 1954 stated that "the program for rehabilitation of the disabled especially needs strengthening . . . . Far more disabled people can be saved each year from idleness and dependence if this program is gradually increased."[56]

There is, in American society, a heavy emphasis on work or gainful employment as a condition of full citizenship. Work is seen as essential for a mature, independent adult. It is interesting to note that in a project undertaken in Bridgeport, Connecticut those listed as rehabilitated were placed in three categories: gainfully employed, involved in additional or higher education, or in the armed services.[57] It would seem then that there are certain activities which can be engaged in in lieu of "work," at

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[55]Rein, "Case of Public Dependency," p. 22.

[56]U.S., President, Public Papers of the Presidents of the United States (Washington, D.C.: Office of the Federal Register, National Archives and Records Service, 1953), Dwight D. Eisenhower, 1954 (State of the Union, January 7, 1954), p. 20.

[57]Paul A. Lane and Louise M. Soares, "Antidropout Prescription," Rehabilitation Record, X, No. 3 (May-June, 1969), 13-16.

least more or less temporarily, with the benign approval of society, such as being a student or in the military.

Evolving from the problem of the work ethic came the realization that there are multitudes of idle and dependent members of American society who do not necessarily fit the rather rigid categories of disablement as set down in the statute and general practice. Many are poor, under - or uneducated, unemployed most of the time, and often in general poor health. Unemployment results from various causes or handicaps and thus in the Vocational Rehabilitation Act Amendments of 1965 we find the term "physically handicapped individuals" amended to "handicapped individuals."[58] In 1964, the Executive Director of the National Rehabilitation Association, E. B. Whitten, writing in the Journal of Rehabilitation recorded that most handicapped individuals being served were below the poverty level and 70 percent had no income at all.[59] Coupling this with his view that the Rehabilitation program is already mature and well organized in dealing with the poor his rationale is that Rehabilitation can also take on, honorably, the rehabilitation and removal from dependency of those since classified as "socially handicapped,"--the disadvantaged.

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[58]Vocational Rehabilitation Act Amendments, Statutes at Large, LXXIX, 1293 (1965).

[59]Whitten, "The Road Ahead," p. 39.

Though economic considerations have predominated the philosophy of rehabilitation there are those who see work--the end goal of rehabilitation--as inherently good for the client. "Traditionally the argument has not been that rehabilitation makes people happier but that it makes them self-supporting."[60] These observers believe that compensation alone is likely to lead to human deterioration but they also believe there to be more to rehabilitation than just employment for the relief of the public taxpayer. Those who believe work to be good for a person would subscribe to the broad definition which includes: "employment in the competitive labor market, practice of a profession, self-employment, or homemaking, farm or family work, sheltered employment, or homebound industry."[61]

Those who believe in the efficacy of work will also contend that:

> Man will not attain or retain good health even with the best medical care and the fullest public health measures, unless he has opportunity to exercise his mind and body purposefully and constructively. . . . Our bodies cry out for movement; our minds, for challenge; and our spirits, for aspiration. . . .
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> He must be personally, socially, and economically useful.[62]

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[60] Mangum and Glenn, Vocational Rehabilitation, p. 7.

[61] Texas, Texas Education Agency, Division of Vocational Rehabilitation, A Growing Concern for People: Annual Report (Austin, Texas, 1969), p. 8.

[62] Frederick A. Whitehouse, "Rehab in the Social Revolution," Journal of Rehabilitation, XXVII, No. 5 (September-October, 1961), 19.

To be independent and emotionally whole, the individual requires work.

> Much of the ideology of rehabilitation is permeated with a summum bonum idea of work--inspired by religious conviction and reinforced by necessity born of statute. The religious conviction is embodied not only in Protestantism. . . . but also in both Judaism and post-16th century Catholicism. Calvin's doctrines . . . of the sinfulness of sloth and the moral value of labor--and especially "honest toil" were extremely convenient in assuaging the conscience of the new economic man.[63]

In 1891 Pope Leo XIII stated: "Among the purposes of a society should be to try to arrange for a continuous supply of work at all times and seasons."[64]

The difficulty in the position taken that work of itself is inherently good for the client lies in the sometimes not so subtle implication that this means work for wages and/or manual labor of some type. That work has intrinsic worth is a value attributed by individual attitudes, and so we come face to face with a major contradiction in our society:

> We teach children that there are two kinds of activity in the world: one we call "work" and one we call "play." The one we do because we have to; the other we do because we like to. The one is fun; the other is drudgery. With the choices put in these terms, only a fool would want to work.

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[63] Terrence E. Carrol, "The Ideology of Work," Journal of Rehabilitation, XXXI, No. 4 (1965), 26. Note also a meticulous rationalization of the work ethic in Howard H. Hanson, "Work," Journal of Rehabilitation, XXXVI, No. 2 (March-April, 1970), 2.

[64] Pope Leo XIII, "Encyclical on the Condition of Labor," May 15, 1891.

> And then we wonder what makes many children (and adults) seem so irresponsible.[65]

Perhaps, then, the term "work," usually meaning "necessary for wage," should be replaced with "useful and creative activity," which may or may not be for wages; and which would seem to better meet the criterion of "good for the individual." On the other hand, we would then confront one of the best known World War II rehabilitants, Harold Russell, who sees gainful employment as the aim of training and rehabilitation. ". . . Rehabilitation that does not lead to successful employment is not really rehabilitation."[66]

Perhaps the emphasis on "gainful employment" is becoming an anachronism. As things stand now, even those accepted for service in a diagnostic or extended evaluation status will remain under such status only until the determination is made that they can be helped toward employment, in which case they are retained. If they are deemed unfeasible, they are dropped. Vocational rehabilitation is not considered complete until the handicapped person is successful in useful work, "a convention that may

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[65]Wendell Johnson, "A broader and Bolder Rehabilitation Program," Journal of Rehabilitation, XXIX, No. 1 (1963), 13.

[66]International Society for Rehabilitation of the Disabled, Proceedings of the International Seminar of Rehabilitation Programs in Workmen's Compensation and Related Fields, Toronto, Canada, March 2-6, 1969 (New York: International Society for Rehabilitation of the Disabled, 1969), p. 30.

yet prove troublesome . . . in the face of evidence that many disabled persons do not find jobs after rehabilitation."[67] Under present policy this goal of work-closure can be expected to continue.[68]

As a result of its own philosophy, rehabilitation increases its problems by refusing help to those who could benefit early enough to really make an improvement--as well as in all likelihood being easier and cheaper to bring to closure.

> It is a distortion, moreover, as well as an over-simplification, of the task of economics to view additions to the national income as the sole or principal economic benefit of a health services program. The goal of production is consumer satisfaction, including the enjoyment of leisure. The limitations of a truncated view of economics are most obvious in dealing with health services for children. In our society a child is scarcely to be viewed as an object of investment.[69]

The old and middle-aged, who suffer disproportionately from chronic illness and disability are also overlooked due to the orientation towards work, i.e., paid employment. "Anyone too young to work or too old to work tends not to be looked upon, in general, as a suitable client for rehabilitation. . . ."[70] Selection of clientele feasible for

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[67]Ronald W. Conley, The Economics of Vocational Rehabilitation (Baltimore: The Johns Hopkins Press, 1965), p. 9.

[68]Note: Switzer, "Cutting Edge."

[69]Thomas C. Schelling, "The Life You Save May Be Your Own." Paper presented at the Second Conference on Government Expenditures (Washington, D.C.: Brookings Institution, 1966).

[70]Johnson, "Broader and Bolder Program," 13.

employment might also eliminate, in addition to children and aged, the teenage unwed mother, the non-English speaking disadvantaged, the racial minority-group member, or anyone else who might be difficult to place in employment.

CHAPTER III

ORGANIZATIONAL DESIGN AND STRUCTURE

Under provisions of the Civilian Vocational Rehabilitation Act of 1920 administration of the Act fell under the Federal Board for Vocational Education created in 1917. It remained there until 1933 when vocational rehabilitation was placed in the Office of Education, Department of the Interior. Another move was made in 1939 when the Office of Education, by executive order, was placed under the Federal Security Agency. By 1943 vocational rehabilitation had progressed to the status of its own Office of Vocational Rehabilitation under the Federal Security Agency. In 1953 this Office was placed in the newly created Department of Health, Education and Welfare. Anthony Celebreeze, Secretary of that department in 1963, renamed the Office of Vocational Rehabilitation the Vocational Rehabilitation Administration. A further administrative shuffle in 1967 provided the present arrangement of the Rehabilitation Services Administration of the Social and Rehabilitation Service under the Department of Health, Education and Welfare.[1] Table 1 shows the

[1]Emiley Lamborn, "The State-Federal Partnership," Journal of Rehabilitation, XXXVI, No. 5 (September-October, 1970).

TABLE 1

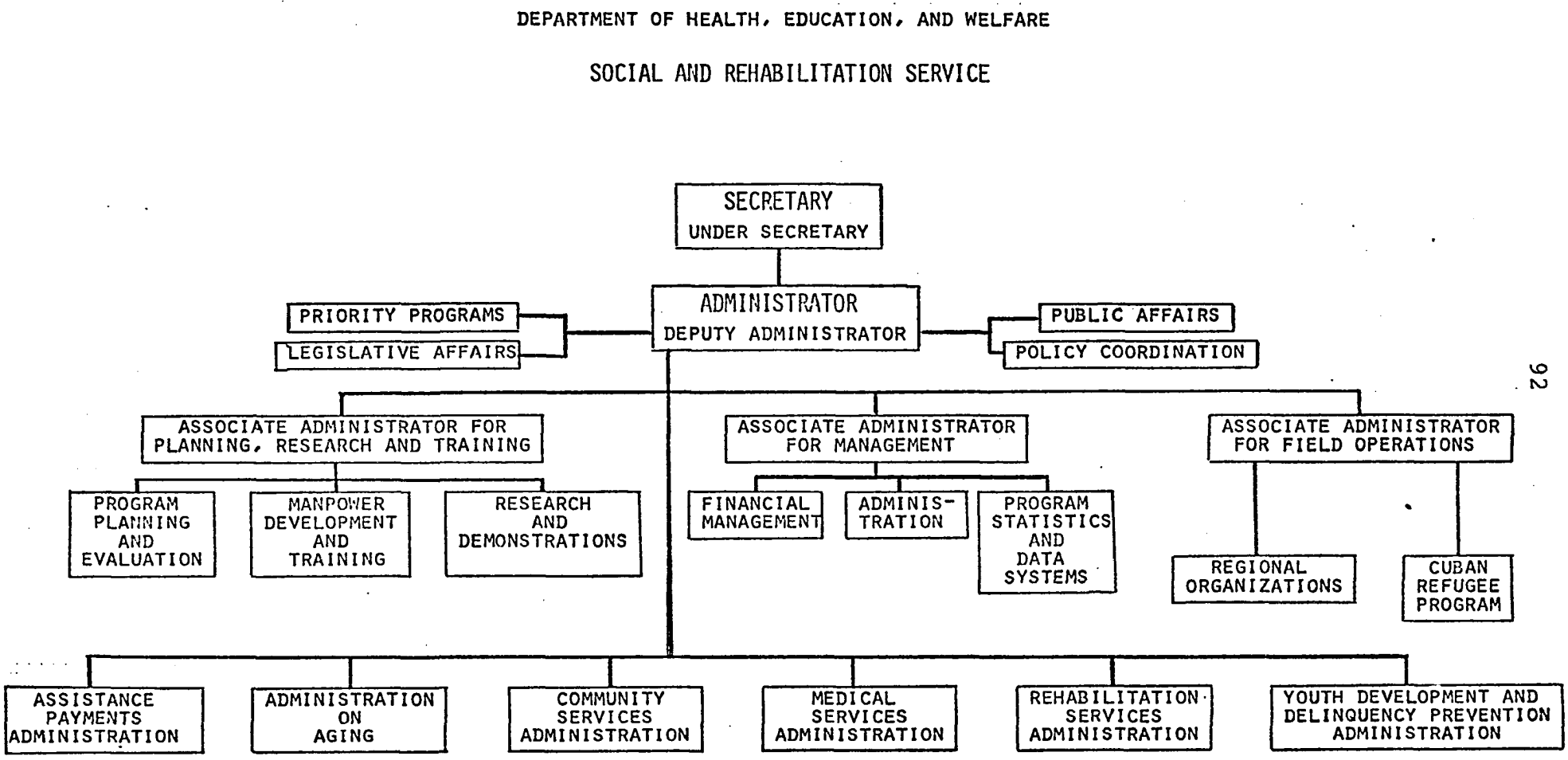
ORGANIZATIONAL LOCATION OF VOCATIONAL REHABILITATION PROGRAM IN THE FEDERAL GOVERNMENT

1920-1933	Federal Board of Vocational Education
1933-1939	Office of Education Department of the Interior
1939-1943	Office of Education Federal Security Agency
1943-1953	Office of Vocational Rehabilitation Federal Security Agency
1953-1963	Office of Vocational Rehabilitation Department of Health, Education and Welfare
1963-1967	Vocational Rehabilitation Administration Department of Health, Education and Welfare
1967-	Rehabilitation Services Administration Social and Rehabilitation Service Department of Health, Education and Welfare

organizational location of the Federal Vocational Rehabilitation Program since its beginning.

The goal of the latest realignment is to place a stronger emphasis on rehabilitation in the social and welfare programs of the Department of Health, Education and Welfare. The current organizational location of the Rehabilitation Services Administration within the Social and Rehabilitation Service of the Department of Health, Education and Welfare can be seen in Figure 1.

Fig. 1.--Organizational Location of the Rehabilitation Services Administration



Structure and Location of the State Rehabilitation Function

In most of the states which had enacted vocational rehabilitation legislation prior to the Federal Act of 1920, the work was placed in the compensation agencies.[2]

The Federal Act of 1920 required states newly implementing vocational rehabilitation to locate the function under the State Board for Vocational Education. An arrangement was worked out whereby those states having vocational rehabilitation services pre-dating the federal act were exempt from having to locate under educational auspices. The service itself has the character of social casework in that it requires individual analysis of each person, his problems and how to utilize community resources to deal with each case. Yet it is educational in character in as much as it usually requires training of some sort for the handicapped person to be placed in employment. The work is also similar to that done in an employment office in that the trainee must be placed. It is also closely akin to compensation in that it returns to employment persons injured in industry. The social security act was years away from passage as was the wagner peyser act that would later provide for the public employment service. Workmen's compensation in 1920 was a dubious, struggling, individual state affair with the purpose

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[2]Rueben D. Cahn, "Civilian Vocational Rehabilitation," Journal of Political Economy, XXXII (1924), 665-689.

of paying for damage done rather than restoring the worker to self-supporting independence. Congress had little choice but to locate vocational rehabilitation under education. Nevertheless this assignment of the vocational rehabilitation function to education authorities was severely criticized in the early years of the program. It is an issue that has not really subsided yet.[3]

By 1937 all but two agencies were under educational authorities. Since then there has been a movement out from under education to a grouping of vocational rehabilitation in an umbrella agency or as a separate entity. Table 2 illustrates the present organizational location of 54 state vocational rehabilitation agencies.

It has been said that:

> . . . vocational rehabilitation is not a circumscribed, homogeneous organization, but an amalgam of ninety, virtually autonomous entities, each with its own operational pattern responsive to local needs, its own growth history, and its own political economic, and social environment.[4]

Today there are, in state governments, eighty-seven agencies dealing with rehabilitation. Fifty-four of these are general agencies, one for each of the fifty-four states.[5]

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[3]For early criticism see Report of the Proceedings of the First National Conference on VR of Persons Disabled in Industry or Otherwise (May, 1922), pp. 134-135.

[4]Harbridge House, Inc., "Factors Influencing Agency Effectiveness: A Study for the Office of Vocational Rehabilitation," Boston, Massachusetts, 1963, p. I-1.

[5]District of Columbia: Guam, Puerto Rico and the Virgin Islands are considered as states in the operations of

TABLE 2

ORGANIZATIONAL LOCATION OF STATE REHABILITATION AGENCIES

	Independent Agency Responsible Directly to the Governor	Social Service Type Umbrella Agency	Education[a]
ALABAMA			X
ALASKA			X
ARIZONA			X
ARKANSAS		Dept. of Social Services	
CALIFORNIA[b]	Dept. of Voc. Rehab.		
COLORADO		Dept. of Social Services	
CONNECTICUT			X
DELAWARE		Department of Labor	
DIST. OF COLUMBIA	Dept. of Voc. Rehab.		
FLORIDA		Health and Rehab. Services	
GEORGIA			X
GUAM			X
HAWAII		Dept. of Social Services	
IDAHO			X

TABLE 2--Continued

	Independent Agency Responsible Directly to the Governor	Social Service Type Umbrella Agency	Education[a]
ILLINOIS			X
INDIANA	Rehab. Services Board		
IOWA			X
KANSAS		Dept. of Social Welfare	
KENTUCKY			X
LOUISIANA			X
MAINE		Health and Welfare	
MARYLAND			X
MASSACHUSETTS	Rehab. Commission		
MICHIGAN			X
MINNESOTA			X
MISSISSIPPI			X
MISSOURI			X
MONTANA			X
NEBRASKA			X

TABLE 2--Continued

	Independent Agency Responsible Directly to the Governor	Social Service Type Umbrella Agency	Education[a]
NEVADA		Health, Welfare & Rehab.	
NEW HAMPSHIRE			X
NEW JERSEY	Rehab. Commission		
NEW MEXICO			X
NEW YORK			X
NORTH CAROLINA		Dept. of Human Resources	
NORTH DAKOTA			X
OHIO	Rehab. Services Comm.		
OKLAHOMA		Department of Welfare	
OREGON		Dept. of Human Resources	
PENNSYLVANIA	State Board/Voc. Rehab.		
PUERTO RICO		Dept. of Social Services	
RHODE ISLAND		Dept. of Social Services	
SOUTH CAROLINA	State Agency/Voc.Rehab.		
SOUTH DAKOTA			X

TABLE 2--Continued

	Independent Agency Responsible Directly to the Governor	Social Service Type Umbrella Agency	Education[a]
TENNESSEE			X
TEXAS	Texas Rehab. Commission		
UTAH			X
VERMONT		Agency of Human Services	
VIRGINIA	State Board/Voc. Rehab.		
VIRGIN ISLANDS		Social Welfare	
WASHINGTON		Dept/Soc & Rehab Services	
WEST VIRGINIA			X
WISCONSIN		Dept/Hlth & Soc Services	
WYOMING[b]	Division of Voc. Rehab.		

[a]This may be the Board of Vocational Education; the State Board of Education; the State Superintendent of Education; or the State Superintendent of Public Instruction.

[b](California and Wyoming) both report directly to the Governor even though they are located in umbrella-type agencies. In California vocational rehabilitation is in the Human Relations Agency and in Wyoming it is located within the Department of Health and Social Services.

Note: The umbrella-type structure is a fairly recent happening for vocational rehabilitation and continues to grow. For example, Florida was so reorganized in 1969; Maine in 1969; Oregon and Vermont in 1971; and Arkansas and North Carolina in 1972. There has also been a continuing trend to move out from under education. Texas did this, becoming an independent agency on July 1, 1970.

In addition thirty-three of the States have a second separate agency for serving the Blind. Agencies for the Blind are found in states of varying population and size. For example, states such as Nevada, Rhode Island, Texas, South Dakota, and New York all have separate agencies for the blind while such states as North Dakota, California, Maryland, and Illinois have established only one general agency. The reason why some states have two agencies while other states of similar geographic size and population have one, can be explained by politics. Special interests, feelings and positions are every bit as effective if not more so than is the claim of better services.

Location of vocational rehabilitation agencies in state governments is varied. In nearly half of the states, rehabilitation is still housed under the Department of Education. There has been, however, a continuing trend to move vocational rehabilitation out from under education to agencies where like functions are carried on. Examples would be in Colorado where rehabilitation is now part of the Department of Social Services; Florida, where the July 1, 1969 statewide reorganization located vocational rehabilitation under the Department of Health and Rehabilitative Service; and Arkansas, where July 1, 1971 rehabilitation was moved from Education and became part of a new Department of

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the Rehabilitative Services Administration of Health, Education and Welfare.

Social Services. In addition, there are states where the rehabilitation agency is a separate and distinct entity. New Jersey and Pennsylvania have had such an arrangement for many years. Recent examples of organization by independent agencies are Texas (1969) and Ohio (1970).

Housing rehabilitation under education has at times been less than satisfactory. E. B. Whitten, Executive Secretary of the National Rehabilitation Association, states:

> There is a growing recognition that the educational setting in which rehabilitation has been traditionally administered is not always best in enabling the agency to perform its functions most effectively. Close administrative relationships with public health, public welfare, and public employment programs are recognized as equally important.[6]

Funding for the State Rehabilitation Function

As set up in federal statutes, vocational rehabilitation is a grant-in-aid program. In 1920 the grants were based on population plus per capita income and were 50:50 matching funds.[7] The matching ratio has changed several times in the ensuing years, from 50:50 to 60:40, to 75:25 and is now 80:20.[8] Funds are allotted on the basis of

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[6] E. B. Whitten, "The Road Ahead," Journal of Rehabilitation, XXX, No. 5 (September-October, 1964), 39.

[7] U.S., Congress, Senate, 83rd Cong., 2nd sess., July 7, 1965, Congressional Record, C, 9894; and Statutes at Large, XLI, Pt. 1, 735 (1920).

[8] Statutes at Large, LXXXII (1968).

population weighted by per capita income. The per capita income factor is squared, thus providing relatively larger allotments to low per capita income states.

From 1920 to 1935 the laws and amendments kept funds on a temporary basis, that is, they required annual Congressional re-enactment. In its formative years, thus, vocational rehabilitation faced the continual task of "proving" itself in order to remain alive.[9] In 1935, included in the Social Security Act, was a provision placing vocational rehabilitation funding on a permanent basis.

Even though the Federal government has provided funds for matching on a fairly generous basis, "Many state agencies find themselves unable to secure state funds required to match federal allotments. . . ."[10] This point was brought up in debate in Congress in 1968. Representative Durward G. Hall, (R-Missouri) asked why 35 percent more is authorized than is budgeted each year and why more needs to be authorized when the government is trying to economize. He was answered by Representative Carl D. Perkins (D-Kentucky) who postulated that not enough was being spent in the field of vocational rehabilitation, and then he admitted that,

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[9]U.S., Congress, House, Representative, Fred S. Purnell (R-Ind.), 71st Cong., 2nd sess., April 28, 1930, Congressional Record, LXXII, 7878.

[10]Whitten, "The Road Ahead," p. 40. Also U.S., Congress, House Representative O. J. Kvale (Farmer Labor. Minn.), 71st Cong., 2nd sess., Apr. 28, 1930, Congressional Record, LXXII, 7893.

> States do not appropriate enough money to match all of the Federal money alloted to them." Consequently "the actual appropriation . . . will be considerably less than the total sum authorized.[11]

The state must determine whether it wants to rehabilitate its handicapped. If so, there will be liberal federal support to help it.

> Prior to its annual budget request the federal agency asks states how much of their federal allotment they can match. . . . Since Congress has been generous in appropriating nearly all the funds requested, all but . . . few states are in the position of determining the level of federal as well as their own state funding.[12]

Below is a Table reflecting the number of states that have earned full allotments and number of states not earning full allotment from fiscal 1960 through 1970. A projection for 1971 is also included, based on plans received from the states and the dollars requested in the President's budget.

One of the provisions for receiving federal funds is that states submit a plan. In legislative language it appears in the 1943 Act under Section I:

> Moneys made available for the purpose pursuant to this Act shall be used for making payments to states (and Alaska, Hawaii, and Puerto Rico, herein referred to as "States" which have submitted, and had approved by the Federal Security Administrator (herein referred to as the "Administrator"), State plans for vocational rehabilitation of disabled individuals.[13]

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[11]U.S., Congress, House, 90th Cong., 2nd sess., May 6, 1968, Congressional Record, CXIV, 11813-11814.

[12]Mangum and Glenn, Vocational Rehabilitation, p. 10.

[13]Vocational Rehabilitation Act Amendments (Barden-LaFollette), Statutes at Large, LVII, Pt. 1, 374 (1943). See

TABLE 3[14]

FEDERAL-STATE BASIC SUPPORT PROGRAM--SECTION 2--VR ACT
NUMBER OF STATES EARNING FULL ALLOTMENT FOR THE
FOLLOWING FISCAL YEARS

Fiscal Years	Allotments	No. of States Earning Full Allotment	No. of States Not Earning Full Allotment	Total Amount of Unused Allotment
1960	$59,500,000	22	32	$ 10,427,578
1961	70,000,000	14	40	15,696,953
1962	90,000,000	10	44	27,048,805
1963	110,000,000	9	45	39,141,046
1964	140,000,000	8	46	55,693,629
1965	175,000,000	6	48	78,380,116
1966	300,000,000	5	49	146,433,974
1967	350,000,000	7	47	114,173,740
1968	400,000,000	5	49	113,138,199
1969*	500,000,000	1	53	159,514,121
1970*	500,000,000	21	33	64,580,000
1971	515,000,000(est)	45	9	13,000,000

*Due to the tight money situation, shortage of appropriated funds and low allotment base, a large number of States were given less than the amount earned or that could have been earned for these fiscal years. Thus, the figures shown are not comparable in terms of past years experience.

(The 'administrator' has changed; vocational rehabilitation is no longer under the Federal Security Administration.)

State Role in Program Emphasis

The federal government's role in vocational rehabilitation is to oversee, guide, and provide direction for the

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also 1920 Act, Statutes at Large, XLI, Pt. 1, 735.

[14]Letter to the author from Louis L. Terango, Chief, State Grants Administration, Social and Rehabilitation Service, Department of Health, Education and Welfare, July 22, 1970.

states. It is the states that provide the services. The states are free to develop their rehabilitation program and emphasize their clientele mix by disability however they desire. They need follow only their own state plan. The proportion of all rehabilitated persons who had a specific disability may be considered a measure of program emphasis in a state. That a considerable variation of program emphasis occurs can be seen in the following tables, using 1965 data.

In these tables we will be referring to the standard broad classification coding (identifying) of disabilities as follows:[15]

1. Visual Impairments
2. Hearing Impairments
3. Orthopedic, Deformity or Functional Impairment except amputation
4. Absence or Amputation of Major and Minor Members
5. Mental, Psychoneurotic and Personality Disorders
6. Other Disabling Conditions for which Etiology is not known or not appropriate

Some states will for reasons that may fall in the historical, cultural, political or social realm choose to emphasize the Blind (Code 1).

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[15]This coding system is the standardized coding system in operation throughout the Rehabilitation Services Administration of HEW.

(Code 1 Blind)

TABLE 4

STATE AGENCIES LEADING IN PERCENTAGE OF BLIND REHABILITATED AS PERCENTAGE OF THEIR TOTAL REHABILITATIONS

Kansas*	8.8
Maine	8.0
Mississippi	9.1
Nevada	8.3
New Mexico	10.8
Ohio	8.0
Tennessee	8.0

*States are listed alphabetically.

TABLE 4a

STATE AGENCIES WITH LOWEST PERCENTAGE OF REHABILITATIONS COMING FROM DISABILITY BLIND

Alaska	2.0
New Hampshire	2.0
North Dakota	1.5
Oregon	1.3
South Carolina	2.1
West Virginia	1.3
Wisconsin	1.9

Six of the seven states in Table 3 did have a specialized agency for the Blind which probably accounts for the high percentage of total rehabilitants being from the disability category, Blind. However, it could be that the emphasis on rehabilitating the blind is due to either a strong active lobby for the blind or a high incidence of blind disability among the state's population, or both. It should be pointed out that three of the seven lowest also have special agencies

for the blind.

We see from Table 4 and 4a that while seven states have 8 percent or more of their total rehabilitations coming from the blind disability, there are seven states that have 2 percent or less of their rehabilitations coming from the same source of disability.

Tables 5 and 5a show that while six states had 3 percent or more of their rehabilitated clients coming from the disability-deaf there were six states that had only 1 percent or less of their rehabilitated clientele coming from this disability category.

(Code 3 Orthopedic)

TABLE 5

STATE AGENCIES LEADING IN PERCENTAGE OF DEAF REHABILITATED AS PERÇENTAGE OF THEIR TOTAL REHABILITATIONS

California	5.7
Louisiana	3.2
Missouri	3.0
New Mexico	3.0
North Dakota	3.6
Ohio	3.6

TABLE 5a

STATE AGENCIES WITH LOWEST PERCENTAGE OF REHABILITATIONS COMING FROM DISABILITY DEAF

Alaska	1.0
Arkansas	.8
Delaware	.5
Idaho	.5
Oklahoma	.8
Wyoming	.6

(Code 3 Orthopedic)

Table 6 will demonstrate further the variation among state vocational rehabilitation programs in emphasis of clientele served.

TABLE 6

STATE AGENCIES LEADING IN PERCENTAGE OF ORTHOPEDIC REHABILITATED AS PERCENTAGE OF THEIR TOTAL REHABILITATIONS

California	39.6
Idaho	47.6
Nevada	45.9
New Hampshire	41.7
Oregon	48.5
Washington	45.1

TABLE 6a

STATE AGENCIES WITH LOWEST PERCENTAGE OF REHABILITATIONS COMING FROM DISABILITY ORTHOPEDIC

Arkansas	21.0
Delaware	14.3
Mississippi	20.6
Kentucky	12.2
Rhode Island	15.3
South Carolina	16.9

(Code 4 Amputation or Absence)

TABLE 7

STATE AGENCIES LEADING IN PERCENTAGE OF AMPUTATION OR ABSENCE REHABILITATED AS PERCENTAGE OF THEIR TOTAL REHABILITATIONS

Alaska	14.9
Indiana	11.7
Maryland	10.0
Missouri	11.5
Ohio	13.1
Virgin Islands	14.7

TABLE 7a

STATE AGENCIES WITH LOWEST PERCENTAGE OF REHABILITATIONS COMING FROM DISABILITY AMPUTATION

District of Columbia	2.2
Hawaii	1.3
Kentucky	3.9
Rhode Island	2.7
Utah	2.8
Vermont	4.0

(Code 5 Mental, etc.)

The Disability category (5) Mental Psychoneurotic and Personality Disorders are dichotomized into (a) mental illness and (b) mental retardation.

TABLE 8

STATE AGENCIES LEADING IN PERCENTAGE OF MENTAL ILLNESS MENTAL RETARDATION REHABILITATED AS PERCENTAGE OF THEIR TOTAL REHABILITATIONS

Mental Illness		Mental Retardation	
Colorado	27.6	Arizona	15.3
Delaware	26.0	Hawaii	29.2
Kentucky	21.0	Iowa	14.2
Rhode Island	47.2	New Jersey	14.0
Wisconsin	27.8	Texas	19.3

TABLE 8a

STATE AGENCIES WITH LOWEST PERCENTAGE OF REHABILITATIONS COMING FROM DISABILITY MENTAL ILLNESS AND MENTAL RETARDATION

Mental Illness		Mental Retardation	
Alabama	4.3	Alaska	2.0
Idaho	2.7	Idaho	2.0
Mississippi	2.7	Montana	1.9
North Carolina	3.8	New Hampshire	2.5
Virgin Islands	2.9	Puerto Rico	2.8

The sixth disability category is so broad and contains so many sub-categories that it would add little to our attempt to demonstrate the complexity and variational patterns of service among the state vocational rehabilitation agencies. From the five tables one should be able to get a picture of the states' roles in shaping the rehabilitation program in their own state by the right of emphasizing selected disability groups and individuals to be served. For further information on individual state emphasis and support of vocational rehabilitation, see Appendix.

Process of Vocational Rehabilitation
Locating Persons in Need of Rehabilitation Services

The term "referral" applies to any individual who has applied in his own behalf or has been referred to the agency by letter, telephone, or other means and who presents sound need for, and interest in, rehabilitation services. Minimal identifying data required for referrals are personal identification information (name, age, address, apparent disability, and the referral source).

Sources of Referrals

In every community there exist many sources of referral. The sources from which vocational rehabilitation agencies receive the majority of new cases are listed below. Continual contact must be maintained with these agencies.

- Health Agencies. - Public and private, general and special hospitals, clinics, TB sanatoriums, mental institutions, physicians, public health service, nursing groups, artificial appliance companies, etc.
- Employment and Guidance Service Agencies. - Public and private employment offices, public and private guidance and counseling agencies such as B'nai B'rith, Urban League, and other voluntary religious, racial, ethnic, and welfare units.

- Welfare Agencies. - Public and private assistance and relief agencies such as Red Cross, Salvation Army, Catholic Charities, and State and city public welfare.
- Educational Institutions. - Public, private, and denominational schools and colleges, including schools for the handicapped and business colleges.
- Special Interest Agencies. - Crippled children's services, heart associations, TB associations, polio foundations, and other organizations of and for the handicapped.
- Insurance Agencies. - State workmen's compensation boards, Bureau of Old Age and Survivor's Insurance, and private and fraternal insurance companies.
- Civic Service Groups. - Lions, Masons, Kiwanis, Rotary, YMCA, etc.
- Religious Groups. - Protestant, Hebrew, and Catholic social and helping organizations.
- Employers. - Especially those who have handicapped employees on their payroll who are good workers.
- Labor Unions. - Have a vested interest in rehabilitation services and will often take an active role in the rehabilitation of their members.

The above organizations and individuals are important sources of referrals for rehabilitation services. However, they must be informed of the services available from the rehabilitation agency before they can make referrals. Each rehabilitation agency encourages its counselors to contact all of these agencies and obtain their cooperation.

In the final analysis, a continual supply of referrals to rehabilitation agencies from outside sources is dependent upon how well the agencies have met the needs of the clients who had been previously referred.

The Rehabilitation Process Defined

The rehabilitation process consists of a planned, orderly sequence of services related to the total needs of the handicapped individual. It is a process built around the problems of a handicapped individual and the attempts of the vocational rehabilitation counselor to help solve these problems and thus to bring about the vocational adjustment of the handicapped person.

The process begins with the initial casefinding or referral, and ends with the successful placement of the handicapped individual on a job. The unique characteristic that distinguishes and differentiates the vocational rehabilitation process from all other forms of counseling is its primary objective, which is the realistic and permanent vocational adjustment of the handicapped

individual. To accomplish this vocational adjustment, a wide range of services are provided.

Services are obtained, often by purchase, from virtually the full span of community resources, depending on individual needs. Private physicians, public and private hospitals, specialized clinics, rehabilitation centers, workshops, public and private educational institutions, and employers, are but some of the resources which are regularly drawn into effective rehabilitation.

The range of vocational rehabilitation services includes:

1. Full evaluation, including medical diagnosis, to learn the nature and degree of disability and to help evaluate the individual's work capacities.

2. Counseling and guidance in achieving good vocational adjustment.

3. Medical, surgical, psychiatric, and hospital care and related therapy, to reduce or remove the disability.

4. Artificial limbs and other prosthetic and orthotic devices needed to increase work ability.

5. Training, including training for a vocation, pre-vocational and personal adjustment training, and remedial education.

6. Services in comprehensive or specialized rehabilitation facilities, including sheltered workshops

and adjustment centers.

7. Maintenance and transportation during rehabilitation.

8. Tools, equipment, and licenses for work on a job or in establishing a small business.

9. Placement in a job suited to the individual's highest physical and mental capacities and post-placement follow-up to assure that the placement is satisfactory to the employee and the employer.

The program attempts to marshall all resources, in a coordinated way, to bring the disabled person to his best functioning level. In the Federal-State program, the rehabilitation counselor is the key staff member, making the determination as to whether the individual is eligible, arranging with the individual the development of a plan for his rehabilitation, managing the arrangements for the necessary services, counseling and guiding the individual, and staying with him through successful placement on the job.

Concepts About Rehabilitation

In discussing the rehabilitation process a distinction must be made between disability and handicap. A disability is defined as "a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician. It is essentially a

medical thing."[16] The 1966 regulations issued by the Vocational Rehabilitation Administration to implement the Rehabilitation Act as amended in 1965 define disability as "a physical or mental condition which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors."[17]

A handicap is defined as "the cumulative results of the obstacles which disability interposes between the individual and his maximum functional level. The handicap is the measure of the loss of the individual's capacity, wherever evident. It is an individual thing composed of the barriers which the handicapped person must surmount in order to attain the fullest physical, mental, social, vocational, and economic usefulness of which he is capable."[18] The rehabilitation process is concerned

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[16]John F. McGowan and Thomas L. Porter, An Introduction to the Vocational Rehabilitation Process (Washington, D.C.: U.S. Department of Health, Education and Welfare, Vocational Rehabilitation Administration, 1967), p. 9.

[17]U.S. Department of Health, Education and Welfare, Social and Rehabilitation Service, Vocational Rehabilitation Programs and Activities, Federal Register, XXXV, No. 200, October 17, 1969 (Section 401.1-0).

[18]McGovern, p. 10.

primarily with the handicapping problems resulting from disability, rather than with the disability *per se*.

Eligibility and the Aspect of Feasibility Operationalized

It might be well to reiterate here that the stated purpose of the rehabilitation legislation is to rehabilitate all disabled individuals for placement in gainful employment and that "disability" now includes, in addition to mental and physical impairments, those whose social and cultural disadvantages constitute a substantial handicap to employment. There still must be a reasonable expectation that services will render one fit for a remunerative occupation.

As used in rehabilitation, eligibility has a legal or charter connotation. The law that authorizes the appropriation of funds defines the services that may be provided and the individuals who may be served.

Feasibility relates to whether or not the services that may be provided an individual will result in his achieving a level of rehabilitation sufficient to justify the expenditure of time and money upon him. This last requirement becomes the most difficult one, perhaps because it calls forth subjective judgment on the part of the rehabilitation practitioner more than other eligibility requirements. The rehabilitation counselor faces the decision of determining feasibility in client referrals. At the same time, he is expected, quite naturally, to produce

rehabilitated individuals. Rehabilitation agencies, in order to maintain themselves, have resorted to those arguments and justifications cited earlier. To validate arguments that rehabilitation pays returns, there have had to be numbers of individuals classified as successful products of the program. That validation is still being made each year. Consequently, there is pressure on counselors to produce successful closures,[19] and such pressure affects a counselor's concept of feasibility.

> Failure to rehabilitate . . . was to be avoided at all costs. Better, in the counselor's rubric, to keep the client's case in the limbo of "referral status" until the shape of (Status 26) appears on the horizon.[20]

Wesley C. Westman, writing on attitudinal barriers to rehabilitation, points out that most vocational rehabilitation personnel are from middle-class background, oriented towards middle-class values, which become "second-nature" and underlie and motivate their behavior. They see work, saving money, punctuality, responsibility for keeping appointments, education, politeness, and so forth as traits to be valued. Unfortunately, they may not understand that such values are not always held by those who often constitute their clientele.[21] Consequently, if a referral

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[19]Cochran, "Social Work in Rehabilitation," 25, 45.

[20]Ibid., 45.

[21]Wesley C. Westman, "Attitudinal Barriers to Vocational Rehabilitation," Journal of Rehabilitation, XXXIV, No. 3 (1968), 23; and Arthur L. Du Brow, "Attitudes

does not keep appointments punctually, the counselor may decide he is unmotivated, hence not feasible, and so refuse services.

> Obviously, therefore, where the patient comes from a similar background, and his values are fairly consonant with those of the staff--or with relatively minimal conflict brought into line with these values--the chances for successful rehabilitation would seem to be greatest.[22]

The State Plan, submitted to the federal agency, sets forth criteria used in selecting eligible individuals from those referred for services. There is usually no need to recruit referrals for there is a large supply of individuals who fit the general criteria for eligibility.[23] As earlier noted, these referrals come from physicians, hospitals, health agencies, self-referrals, referral by relatives or friends, employment services, welfare, and other agencies.[24]

Towards Disability," Journal of Rehabilitation, XXXI, No. 4 (1965), 25. Note also Andrew Marrin, "They Can Be Rehabilitated!," Rehabilitation Record, IV, No. 3 (1963), 27-29.

[22]David Landy, "Rehabilitation as a Socio-cultural Process, Journal of Social Issues, XVI (1960), 5.

[23]However, here we might note an article by Simon Olshansky ("Recruitment of Clients: A Major Problem for Rehabilitation Agencies," Journal of Rehabilitation, XXX, No. 6 (1964), p. 15) stating his view that "Counselors, if they are to rehabilitate more clients, need a larger supply of clients who are interested in their own rehabilitation." And he believes agencies must recruit these better motivated clients.

[24]Mangum and Glenn, Vocational Rehabilitation, p. 18.

Professional rehabilitation workers desire satisfaction from their work. The very difficult case with uncertain closure, can all too often offer little such satisfaction. There may be mutual distrust and fear of humiliation and embarrassment on the part of client and counselor. Slight physical handicaps are likely to be easier, faster, and less expensive to serve.

> Too often the services provided are dictated not by the clients' needs but by the amount of case service monies available. Consequently, the quick, relatively cheap service may be preferred to the more expensive, long-term service that should lead to greater personal and economic independence.[25]

The severely handicapped, the poor, and the racial minorities (which may, of course, be one and the same) are more difficult and more expensive to aid, to train, and to place in employment. It follows that if it is almost impossible to obtain employment for a client after expensive services are rendered; there are strong pressures to reject him as unfeasible before expenditures are made. "Some states will deny services because they do not believe a job will be available to an individual after he has been served. . . ."[26]

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[25]National Citizens Advisory Committee of Vocational Rehabilitation, Report of the National Citizens Advisory Committee on Vocational Rehabilitation (Washington, D.C.: U.S. Government Printing Office, 1968), p. 13.

[26]E. B. Whitten, "The Voice of Dissent: Eligibility and Feasibility," Journal of Rehabilitation, XXXI, No. 4 (July-August, 1965), 29. Also North Carolina, Reach, XVIII, No. 4 (1970), 11.

A partial answer to this problem is the provision in the 1965 Amendments allowing handicapped persons to receive services for six to eighteen months while rehabilitation potential is being ascertained.

One writer suggests that those in vocational rehabilitation should "think placement" at all levels of operation.[27] Another cautions against coercing the client into available employment merely for expediency.[28] It appears to be a personal disappointment to the counselor who does not accomplish the task of returning his client to the world of work.

A prospective client may meet other eligibility requirements such as disability, and handicap to employment, but still be determined as unfeasible. "The counselor can escape working with the alcoholic by denying a reasonable expectation that services may render the individual fit to engage in remunerative occupation."[29] Counselors who, for any reason, do not want to work with blacks or other minorities or disabilities may use the same escape--no reasonable expectation of employment. The character of the

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[27]James R. Burress, "Placement Services Lag in Vocational Rehabilitation," Journal of Rehabilitation, XXVIII, No. 4 (July-August, 1962), 28.

[28]C. H. Patterson, "The Counselor's Responsibility in Rehabilitation," Journal of Rehabilitation, XXIV, No. 1 (January-February, 1958), 7.

[29]Carey C. Jones, "Vocational Rehabilitation of the Alcoholic," Journal of Rehabilitation, XXIII, No. 5 (September-October, 1967), 22.

counselor, and those he finds to be feasible, determines to a great extent the rehabilitation process and selection of clientele.

The limitation results in the rejection of many who could benefit from rehabilitation. And it can lead to "creaming" where only those of greatest and easiest potential are accepted for services.

> VRA is able to pick the people it succors, concentrating on those who are easiest to rehabilitate, so the statistics are bound to look good. Public welfare must accept all applicants meeting eligibility standards, and the relief rolls are clogged with individuals who can't qualify for other, more exclusive Federal aid. Lack of education and motivation make their rehabilitation a formidable task.[30]

There is evidence that creaming takes place in most programs, often relegating the "hard-core" to the area of "no one's responsibility."

> There is a tendency, as natural as it is evil, for most institutions to work not with the people who need them most, but with those who are most likely to be successful showcases of their agency. . . . But the overriding question must be: who are you in business to help?[31]

There is some question as to how vocational rehabilitation can be effective in hard-core unemployment or anti-poverty work with its emphasis on feasibility,

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[30]Jonathan Spivak, "Welfare's Diligent Disciple of Work," The Wall Street Journal, June 13, 1968.

[31]Whitney M. Young, Jr., "Assuming--or Evading? Responsibility for Added Opportunity," Journal of Rehabilitation, XXXIII, No. 1 (January-February, 1967), 1.

investment, employment and placement.

> . . . almost all ghetto people realize that skill disabilities are not the real problem; the problem is the social structure . . . . Service agencies maintain the structural barrier by counseling the ghetto people to accept limited opportunities. So the problem is not skill disability but structural disability.[32]

The Vocational Rehabilitation Amendments of 1965 broadened the basis of eligibility as can be seen in the regulatory interpretation of "disability." Under disability now we find behavioral disorders as seen in deviant social behavior or inability to have normal relationships with family and community. These disabilities may result from vocational, cultural, social, educational, environmental or other factors. However disability must still be established through diagnostic assessment by a professional and then labeled. One psychologist contends this could easily be done by using two terms for such disabilities: sociogenic retardation (functional retardation whose genesis is social) and sociogenic neurosis (neurotic condition attributed to "exceptionally weighted social stimulus").[33] He feels that if such diagnostic labels were used more referrals from the disadvantaged could be quickly and effectively admitted

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[32]Edward D. McClure, "Rappin' to You, Rehab!," Journal of Rehabilitation, XXXV, No. 5 (September-October, 1969), 2.

[33]Ray A. Peckham, "Two New Disabilities," Journal of Rehabilitation, XXXIV, No. 5 (September-October, 1968), 14-15.

to service.

Although social benefits have been mentioned as important outcomes of rehabilitation, the basic rationale of the program supported by federal legislation, regulations, policy statements, state plans, and counselor manuals is economic. This concern with a single outcome criteria of successful rehabilitation (gainful employment) has meant the vocational rehabilitation counselor has had to choose clients carefully. The client is chosen who is seen as highly likely to bring about the high returns on investment that the agency expects.

Summary

The philosophy of rehabilitation has been

> . . . that every member of society should for his own welfare be self-supporting, and should contribute to the support of his dependents to the degree that he is physically, mentally, and vocationally capable.[34]

However, in addition to improvement in his personal responsibilities the rehabilitated client is expected to contribute to the economics of society; to return many times over what his rehabilitation services cost. It is expected that he will be a testament of democracy; that work will be good for him, not just in the monetary sense, but also in a sense of independence and well-being.

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[34]U.S., Federal Board for Vocational Education, 16th Annual Report (Washington, D.C.: U.S. Government Printing Office, 1932), p. 54.

Many times, though, the economic emphasis has become major, with all other considerations seen as of less import.

> Whatever else may be involved, the essential objective is the establishment of the disabled one in remunerative employment. Being based on the economic returns to society it should not be considered as a form of charity, an educational aid, a disburser of artificial appliances, or a source of medical and surgical service. Human happiness and better citizenship are naturally results of rehabilitation but must be considered secondary to the benefits of the economic return to society.[35]

There are those who believe there has been an over-emphasis of these economic aspects; who see such arguments as perhaps the "poorest" and "most degrading" of justifications,[36] but, at least in print, they seem to be a minority.

To receive vocational rehabilitation services the client-referral must meet the eligibility requirements. There must be a disability as currently defined by law, a substantial handicap to employment, and clients must be feasible--a reasonable expectation that rehabilitation services will fit them for employment. Caseloads are determined mainly by this latter factor; determined by counselors with varying values and expectations. Some time

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[35]"What is Vocational Rehabilitation of Disabled Persons?," National Rehabilitation News, Special Promotional Number (January, 1939), p. 1.

[36]Frederick A. Whitehouse, "Rehabilitation in the Social Revolution," Journal of Rehabilitation, XXX, No. 5 (September-October, 1964), 37.

ago, there were individuals that felt that:

> In the program of the future, intake cannot be selective. It is up to the rehabilitation program to devise a feasible plan of rehabilitation for those who have been labeled as "not feasible of rehabilitation." The persons who are "not feasible of rehabilitation" are the very ones who so often are most in need of service.[37]

That other similar type programs use selection for services as a means of excluding precisely those who might have been expected to be poor in a permanent income sense has been demonstrated by Sewell.[38] He points out that trainees in the Manpower Development Training Act programs analyzed might have been expected to have risen out of a temporary situation of having low incomes without the aid of training subsidized by government. He went on to recommend that the Labor Department work with those scoring lowest on the General Aptitude Test Battery rather than choosing to work with the highest scores who need least the department's services.

Pressure for Closures

In order to qualify for services certain conditions must be met and it is in this flexible area of "feasibility" that the client can be accepted or rejected for

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[37]Mary E. MacDonald, "Vocational Rehabilitation in the Postwar Period," Journal of Rehabilitation, XII, No. 1 (January-February, 1946), 15.

[38]David O. Sewell, in Cost-Benefit Analysis of Manpower Programs by G. O. Somers and W. D. Wood (eds.) (Kingston, Ontario: Queens Univ. Industrial Relations Center, 1969), p. 161-162.

rehabilitation by the agency personnel. There are evaluative and diagnostic techniques which can be used as either help or hindrance. The broader definition of "handicapped in obtaining employment" provides more basis for choice for the rehabilitation counselor. The problem then posed is whether, as a result of administrative policy and pressures, the counselor selects those clients most easily and cheaply rehabilitated, i.e., placed successfully in remunerative employment. The study, Recommended Standards for Closure of Cases[39] points out that the majority of agencies do have a quota of closures for the counselor to meet. This quota is set high in the agency structure and is reinforced at regional and unit levels. Four out of the five states in the present study have such a counselor quota for closures.

Two-thirds of the counselors studies by Danak[40] reported that they predict the number of successful closures they will have during the fiscal year. It is as part of his job that the counselor undertakes this form of planning so

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[39]U.S. Department of Health, Education and Welfare, Social and Rehabilitative Service, Rehabilitation Services Administration, Seventh Institute on Rehabilitation Services, Recommended Standards for Closure of Cases: A Report from the Study Group on Uniformity of Standards for Termination of Services to Clients, May 1969 (Washington, D.C.: Government Printing Office, 1969).

[40]Jagdish T. Danak, "An Analysis of Managerial Aspects of Vocational Rehabilitation Counselor Position in Selected States" (unpublished Ph.D. dissertation, University of Oklahoma, 1970), p. 51.

that he can meet the state agencies requirements of successfully rehabilitated clients. Danak's study was confined to five states in the Southwest. In another study that confined itself to six midwestern states Wright[41] and his associates found pressure for closures to be a major problem as reported by 280 rehabilitation counselors when they were asked: "What problems in counseling do you see as stemming from your agency procedures and policies?"

A succinct and revealing picture of the concern with closures can be seen in a recent study done by the Florida Division of Vocational Rehabilitation. The study was entitled, A Case Load Analysis High and Low Achievers FY 1970. In the preface we read: "The designation of high and low achieving counselors, depended on the number of cases rehabilitated."[42]

Muthard and Miller have stated that:

> Today, attitudes toward rehabilitation closures as the major criteria for rehabilitation success range from complete rejection to realistic acceptance. Even in the face of the latter view, which holds that continued support for and expansion of rehabilitation services is contingent upon rehabilitating more and more clients, many counselors and other leaders in vocational rehabilitation are dissatisfied with closures as the complete criteria.

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[41]George N. Wright, S. J. Smits, A. J. Butler, and R. W. Thoreson, A Survey of Counselor Perceptions (Monograph II) (Madison: University of Wisconsin Rehabilitation Research Institute, 1968).

[42]Henry A. Meyer and Joseph G. Taylor, Operations Research: Case Load Analysis High and Low Achievers FY 1970 Florida Department of Health and Rehabilitative Services, Division of Vocational Rehabilitation, Tallahassee, Florida, 1971.

> One alternative, often discussed but never systematically implemented, would use the quantity and quality of rehabilitation services rather than closures alone as a basis for describing the merits of the state-federal program to legislators and the community.[43]

That there could be a tendency for counselors pressed for closures to accept the less difficult cases has been noted by some people in the rehabilitation field. Viaille in 1968 summarized the inadequacies of the present system of counting and rewarding counselors only for successful closures thusly:

> It tends to emphasize numbers rather than the quality of services.
>
> It may tend to emphasize relatively non-complex cases requiring little counselor time.
>
> It may tend to encourage closing a client's case before it is ready to close, in order to meet a quota.
>
> It may tend to encourage keeping a client on the caseload longer than should be, in order to assure meeting next year's quota.
>
> It tends to make it difficult to obtain an even flow of work throughout the year.[44]

Present emphasis on numbers can be detected in all strata of vocational rehabilitation programs. Though it is widely accepted that the client benefits in many areas from

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[43] John E. Muthard and L. A. Miller, The Criteria Problem in Rehabilitation Counseling (Iowa City: College of Education, Iowa University, 1966), p. 57.

[44] Harold D. Viaille, Operations Research program in the Oklahoma Vocational Rehabilitation Agency, Final Report VRA Grant No. RD-946, Oklahoma City: Oklahoma Vocational Rehabilitation Agency, 1968.

receiving services, no credit is given if the ultimate goal of rehabilitated is not reached.

The Counselor as the Principal Actor

The Vocational Rehabilitation program has the authority to purchase any services needed to improve the client's employability. The one-to-one personal relationship between the trained counselor and the client is the key to the program. The counselor, operating through proper administrative channels, may provide services through the agency's own facilities or by purchase or services from other state agencies or private vendors. These services include the medical, educational and other services necessary to place the client in satisfactory employment. The key to providing the proper combination of services at the proper point of time is the individualized relationship which exists between the counselor and client. The counselors role is not only to provide vocational diagnosis, counseling and job placement but to synergize the entire gamut of services required to rehabilitate.

The counselor's role in the rehabilitation process is basic to the success or failure of any given individual program. The agency is personified in the counselor, and through him the client gains his perception of vocational rehabilitation. The development within the rehabilitation counselor of sound basic assumptions and an underlying

philosophy of rehabilitation controls to a large extent his perceptions of his job, and therefore, his feelings regarding the services he should extend to his clients. The philosophy that the counselor eventually develops will be a reflection of his training, of the thinking of his superiors, and the general tone set by the agency for which he works.[45]

The counselor's planning of obtaining referrals is necessary to maintain an adequate and relatively uniform flow of inputs in the rehabilitation process.

The counselor mobilizes resources of agencies such as State Employment Services, training agencies and schools for sources of referrals.

Indeed one of the major responsibilities of the counselor in the rehabilitation process is in the area of case finding. Case finding or the recruiting of clients is the initial phase of the rehabilitation process. Danak[46] found this function of staffing performed by the counselor to be unique in that he recruits people whom he can serve as opposed to recruiting people who assist him in performing his job duties and as employees of the organization.

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[45]McGowan and Porter, Introduction to Vocational Rehabilitation, p. 10.

[46]Danak, "Counselor Position," p. 41.

CHAPTER IV

THE DISADVANTAGED AND THE REHABILITATION PROCESS

The strong emphasis on the expectation of vocational rehabilitation paying substantial returns on investment, coupled with the role of the counselor in determining feasibility for employment, has brought about a working pattern among vocational rehabilitation counselors that militates against the disadvantaged. In short, the disadvantaged are seen as high risks for rehabilitation with low returns on investment if and when they are rehabilitated.

In this chapter, using related studies, a profile of the Disadvantaged Disabled client will be drawn. To develop this profile we will investigate the disadvantaged, as variously defined by different studies and agencies; the incidence of disability among the disadvantaged; client selection for services; and client referral for service. These factors will again appear in Chapter V with appropriate statistics as gathered for this study. The purpose of this examination is to evaluate how effectively the stated goals of Vocational Rehabilitation are being fulfilled with reference to the disadvantaged and to analyze evidence of goal displacement by the organization.

The Handicapped Population

According to John A. Kratz, Chief of the Vocational Rehabilitation Service, as quoted in the Congressional Record, House, April 28, 1930[1] ". . . from all causes as many as 323,000 persons are permanently physically disabled each year." This was prior to those Vocational Rehabilitation Amendments which opened rehabilitation services to the mentally ill and retarded and to the socially, culturally, and economically disadvantaged. The number of persons "disabled," by one definition or another, is huge, though the percentage in terms of total United States population may seem small. The numbers of persons quoted as comprising the disabled category often seem to contradict one another due in large measure to the variety of agencies and organizations reporting.

In a 1970 state publication (North Carolina) a profile of the handicapped, as formulated by the President's Committee for Employment of the Handicapped, appeared as follows:

> Q. How many handicapped are there?
> A. There are at least 22.6 million disabled Americans.
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> Q. Where do the handicapped live?
> A. Over half of the handicapped live in the cities (12.6 million). About a third live in the South.

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[1]U.S., Congress, House, 71st Cong., 2nd sess., April 28, 1930, Congressional Record, LXXII, 7878.

Q. Are there more handicapped now than last year?
A. Each year about half a million Americans become handicapped because of birth defects, illness and injury.

Q. What age groups have the greatest number of handicapped?
A. Men and women over 65 years of age. Nearly half are handicapped.

Q. How many handicapped Americans are working age?
A. There are 18 million handicapped men and women of working age (18 to 64).

Q. Is unemployment high among the handicapped?
A. Yes, 48% of the 18 million working age are not in the labor force.[2]

In 1967, Mrs. Patsy Mink, Democrat, Congresswoman from Hawaii, reported a national health survey as indicating:

> . . . that approximately 16 million persons of working age are limited partially or totally in their major activities--at work, or keeping house, or going to school. An estimated four million disabled are in need of vocational rehabilitation services if they are to become employable and some 400,000 new cases are added each year.[3]

John W. Gardner, Secretary of HEW in 1966, used somewhat different figures but the urgency remains the same.

> Under the federal-state vocational rehabilitation program more than 135,000 disabled people were rehabilitated in 1965--twice as many as a decade before. But an estimated 3.5 million still need these services and their ranks are swelled by close to half a million every year.[4]

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[2]North Carolina, Division of Vocational Rehabilitation, Reach, XVIII, No. 2 (1970), 12.

[3]U.S., Congress, House, 90th Cong., 1st sess., August 21, 1967, Congressional Record, CXIII, 23291.

[4]John W. Gardner, "The Promise of Man," Journal of Rehabilitation, XXXII, No. 5 (September-October, 1966), 2.

It becomes obvious that, if services are going to be provided for the aid of these thousands of handicapped persons, monies, programs and personnel must be extensive. Yet in 1964 only 119,000 persons were rehabilitated through the federal program while the announced goal, by both President Eisenhower and President Johnson was 200,000.[5]

With increased awareness in America of many social ills present in the nation, a further expansion of the rehabilitation services was deemed necessary. In the 1967 Vocational Rehabilitation Act Amendments, States were required not to impose residence requirements excluding handicapped individuals present in the State. And, in the same law a special system of grants was made available to the states for the rehabilitation of handicapped migratory workers. By 1968, the law as written became more specific in terms of the "disadvantaged." Diagnostic studies were authorized for determing that the individual is disadvantaged, has an employment handicap, and that services are needed.[6] And the term disadvantaged individuals means those disadvantaged "by reason of their youth or advanced age, low educational attainments, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment," and members of the families of

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[5]U.S., Congress, Senate, 89th Cong., 1st sess., October 21, 1965, Congressional Record, CXI, 28010.

[6]Vocational Rehabilitation Act Amendments, Statutes at Large, LXXXII, 305 (1968).

these individuals "when the provision of vocational rehabilitation services to family members is necessary for the rehabilitation of an individual described above."[7]

While federal legislation has expanded both the range of services and the types of target groups to be served it is obvious from some recent state figures that the supply of services in relation to demand has not improved. In 1970 it was estimated that 8.3 percent of Michigan's population or 659,000 people were disabled.[8] That approximately 230,000 of these people are of employable age (15-64 years) and could benefit from the provision of vocational rehabilitation services. In addition there are an estimated 45,000 individuals each year who reach employable age burdened with the residual limitation of a disability that began in childhood or a chronic illness or injury. In the same year, 1970, Michigan's Department of Vocational Rehabilitation rehabilitated 8,205 individuals.[9] That the need far outstrips the supply is obvious. An estimate made for Wisconsin stated that in fiscal year 1971 the "Universe of Eligible Disabled Persons" would total 337,297. The number of cases expected to be processed was

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[7] Ibid.

[8] A State Plan for Vocational Rehabilitation Services. Michigan Department of Education, 1970, Volume I, Report and Recommendations.

[9] Ibid.

57,382.[10] In other words 17.1 percent of those eligible would be processed while 3.2 percent of those eligible for services were actually being rehabilitated.

It is possible that the ratio of those eligible to those actually being rehabilitated has not decreased. In an early study of vocational rehabilitation Kahn[11] concluded that even in the best years of administration of the act, the total number of rehabilitated was less than five percent of the handicapped persons who were in need of rehabilitation services.

Disability and the Disadvantaged

Often the terms disadvantaged, poor, low-income, and hardcore are used interchangeably, or in such vague terms as to be confusing. The definition of "poor" generally accepted by the federal government is the Social Security Administration's formula based on three times the minimum dollars it takes to feed a family of given size and location.

> Thirty million people in 1966 fall within the poor category. (By this definition, an urban family of four requires $3,335 to be non-poor). There is another version of this same formula defining a population called "low-income" which adds the "near-poor" and results in a universe of some 45 million persons. An urban family of four requires $4,345 by this index.[12]

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[11]Reuben D. Cahn, The Journal of Political Economy, XXXII, No. 6 (December, 1924), 688.

[12]U.S., Department of Health, Education and Welfare, Delivery of Health Services for the Poor (Washington, D.C.: Government Printing Office, December, 1967), p. 6.

Under this definition approximately 11.9 percent of the whites and 40.6 percent of the non-whites of the United States are poor.[13]

The United States Department of Labor defines disadvantaged as made up principally of youths, non-white workers, persons with low academic achievement, the long term unemployed, the rural poor and older workers.[14] Many of these have not had an opportunity for employment due to physical, social, or educational disabilities. Labor Department statistics reveal that unemployment in disadvantaged areas (areas of low income) in nine large cities is three times as high as for the population in general.[15] One third of the residents of our city slums have serious employment problems.[16] The unemployment rate among all non-white youths was recently reported as being 34 percent while the nation as a whole was enduring a 4 percent rate of unemployment.[17] The disadvantaged unemployed also

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[13]Mollie Orshansky, "Counting the Poor: Another Look at the Poverty Profile," Social Security Bulletin, XXVIII (January, 1965), 3-29.

[14]U.S., Department of Labor, Manpower Report to the President, 1969 (Washington, D.C.: Government Printing Office, 1969), pp. 79, 90.

[15]U.S., Department of Labor, A Sharper Look at Unemployment in U.S. Cities and Slums: A Summary Report to the President by the Secretary of Labor (Washington, D.C.: Government Printing Office, July, 1967), p. 31.

[16]Ibid., p. 9.

[17]Manpower Statistics: Report and Recommendations of the White House Conference on Urban Youth Unemployment

remain unemployed for longer periods of time. "More young people and more of the aged have earnings that place them in the low-income class."[18]

A study done in low income households in Detroit found 29.6 percent with one or more unemployed adults.[19] The study indicates that 40.2 percent of all low-income household heads required vocational training and counseling services if they were ever going to be considered for employment. Yet, only 6.7 percent reported any contact between a member of their family and an existing employment training program. Those families receiving public assistance were found to be most severely damaged and troubled. The Greenleigh study in Detroit concludes that to make any significant dent in poverty problems the needs of public assistance households must be given high priority.[20]

In 1967, after the civil disturbance in Detroit, the Detroit Central Office of the Michigan Division of Vocational Rehabilitation studied the characteristics of one caseload of 250 clients from the riot area to determine

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(Princeton, N.J.: Woodrow Wilson School of Public and International Affairs, Princeton University, January 10, 1967), pp. 52-58.

[18]Theodore W. Schultz, "The Economics of Poverty," The American Economic Review, LV, No. 2 (May, 1965), 511.

[19]Greenleigh Associates, Home Interview Study of Low-Income Households in Detroit, Michigan (New York: Greenleigh Associates, 1965).

[20]Ibid., p. 84.

the type of client being served in that area at the time. The implication of their study is that the inner city caseload provides a partial model, using educational and employment variables, of the hard-core unemployed. The majority of the clients studied (61 percent) were school dropouts. Forty-seven percent had been unemployed for two or more years or had no work history. Those who had worked had unskilled or low-level employment, often transitory in nature.[21] An inner-city comprehensive rehabilitation center and sheltered workshop in Detroit reported that 90 percent of its clientele was derived from the lowest 20 percent of the socio-economic population and 50 percent of its clients listed public assistance as their primary means of support.[22]

In the present study the two client characteristics used to define the Disadvantaged Disabled are education, 11 grades or less, and primary source of support, public assistance. That is, for the purposes of this study a person is categorized as disadvantaged if he has eleven

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[21]Fred C. Tinning and David Halter, "Characteristics of Inner City Clients" (Lansing, Mich.: Department of Education, Division of Vocational Rehabilitation, September, 1967) (mimeographed), as cited in Donald E. Galvin, "An Exploratory Study of Disabled Disadvantaged Clients Utilizing Systems Analysis as a Vocational Rehabilitation Planning Model" (unpublished Ph.D. dissertation, University of Michigan), p. 74.

[22]See the Detroit League for the Handicapped in Greenleigh Associates. A Study of Services to Deal With Poverty in Detroit, Michigan (New York: Greenleigh Associates, 1965), p. 105.

grades or less of education and lists as his primary source of income, public assistance. In the studies reported above all characteristics were not necessarily defined the same way. Nomenclature used by the Labor Department, private groups, and the Department of Health, Education and Welfare all differ. The terms generally used in vocational rehabilitation are those used in the Department of Health, Education and Welfare.

The above studies are used here as background for a general comprehension of the term "disadvantaged" so as to aid in understanding the profile used in this work. It is assumed that "disadvantaged" individuals are those who, because of less education and less money (one would scarcely accumulate wealth on public assistance), do not enjoy the more refined, and often even essential, facets of the "good life."

It is known that there is a higher rate of physical and mental disability among the lower income groups. One estimate asserts that inner city residents (generally poor) suffer disability at a rate at least three times the overall average: and that 47 percent of <u>all</u> estimated disabled in the cities were members of family units receiving less than $4,000 annual income.[23]

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[23]David Dunlap, "Introduction to Estimated Disabled Population by High School Districts: Detroit, 1960 and 1970," Technical Report #3 (Lansing, Mich.: Michigan Department of Education, Division of Vocational Rehabilitation, Statewide Planning Project, February, 1968).

> The poor get sick more than anyone else in the society. That is because they live in slums, jammed together under unhygenic conditions; they have inadequate diets, and cannot get decent medical care. When they become sick, they are sick longer than any other group in society. Because they are sick more often and longer than anyone else, they lose wages and work, and find it difficult to hold a steady job. And because of this, they cannot pay for good housing, for a nutritious diet, for doctors. At any given point in the cycle, particularly where there is a major illness, their prospect is to move to an even lower level and to begin the cycle, round and round, towards even more suffering.[24]

In a survey of literature on birth defects and congenital malformations it was found that 2.30 percent of the Caucasion live births had birth defects contrasted to 5.83 percent of the Negro live births. A survey was made of the birth records of two hospitals in Washington, D.C. over a ten-year period, one hospital serving the lower economic class, the other serving the middle and upper class. The hospital serving the lower socio-economic class had a birth defect incidence rate of 7.49 percent contrasted with the 2.46 percent incidence rate for the higher socio-economic class.[25] It would appear that, from birth, the disadvantaged population is faced with hurdles to full living and successful employment.

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[24]Michael Harrington, The Other America: Poverty in the United States (New York: The MacMillan Company, 1962), p. 22.

[25]Leonard A. Atemus and Angella D. Ferguson, "Comparative Incidence of Birth Defects in Negro and White Children," Pediatrics, No. 36 (July, 1965), 56-61.

Bradley Buell,[26] in his exhaustive study of 6,466 low income people, revealed that 75 percent had problems in at least one of the three areas of physical health, mental health, or antisocial behavior. Over 54 percent of these people were classified as unemployable and 79 percent were dependent upon the community for financial assistance. In Detroit 27.8 percent of low income household heads had health conditions which adversely affected their employability.[27]

Rehabilitation personnel have been aware of the needs of the disadvantaged disabled and often have asserted that the vocational rehabilitation program provides the answer to poverty. "Rehabilitation will do wonders with the disadvantaged," they repeat. A principal aim of Vocational Rehabilitation is seen as an attack on poverty and dependency.[28] Indeed, the program is seen as an ally in the War on Poverty.[29] After the 1965 Amendments extending eligibility, E. B. Whitten, Executive Director of

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[26]Bradley Buell, Community Planning for Human Services (New York: Columbia University Press, 1952), pp. 411-41.

[27]Greenleigh Associates, Households, p. 57.

[28]John F. McGowan, ed., An Introduction to the Vocational Rehabilitation Process (Washington, D.C.: Government Printing Office, 1967), p. 20.

[29]Jerome S. Bernstein, "Vocational Rehabilitation: Powerful Ally in the War Against Poverty," Journal of Rehabilitation, XXXI, No. 5 (September-October, 1965), 14-15.

the National Rehabilitation Association, said:

> The future will see a sensational increase in the number of individuals served by agencies whose handicaps stem from social behavior problems rather than medical and physical problems. There will be a great demand for rehabilitation services to the socially disabled, because the law now makes it possible and the public wants it.[30]

Has the caseload, and rehabilitation, of disadvantaged clients appreciably increased? Or do counselors favor the easy-to-rehabilitate when caseloads exceed funds?

The Disadvantaged and Selection for Service

Selection for service by vocational rehabilitation requires a person to have a physical or mental disability which handicaps employment. There must also be a reasonable expectation that services provided by vocational rehabilitation will fit the person for an occupation as defined by law.

Subsequent to the broadening of the term "disability" in 1965 to include the socially disabled reviews of two large aid to the disabled caseloads in the Cleveland Public Assistance Rehabilitation Project revealed that 82 percent of the clients were not eligible for services when

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[30] E. B. Whitten, "Future Vocational Rehabilitation Trends to Consider in Statewide Planning" (Address before the Citizens Advisory Committee and Policy Board, Austin, Texas, October 31, 1967), as cited in Galvin's "Exploratory Study," p. 5.

traditional eligibility criteria were applied.[31]

Feasibility, i.e., that there be a reasonable expectation that services will lead to employment, is most complex, in that it becomes subjective. A decision must be made which involves the personal characteristics and environmental influences of both counselor and client, and the influence such factors have on the future employability of the client. Feasibility is synonymous with successful case closure, and the client's characteristics and environment are evaluated in that light.

Cheatham[32] found in his study of clients served by the Oregon State Division of Vocational Rehabilitation that nine pre-service personal characteristics were related to successful case closure.

1. Primary source of support of individual by private rather than public assistance funds.
2. Ten or more years in education completed.
3. Receiving no public assistance funds from federal sources.
4. Employed.
5. Under thirty-five years of age.

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[31]George E. Ayers, "The Vocational Rehabilitation of Disabled Public Assistance Clients" (Cleveland: Western Reserve University, Rehabilitation Research and Training Center, 1967).

[32]James Charles Cheatham, "Differences in Background Characteristics of Vocationally Rehabilitated and Non-rehabilitated Clients" (unpublished Ph.D. dissertation, University of Oregon, 1966).

6. Receiving no public assistance funds from non-federal sources.
7. Had earnings during previous years.
8. Referral was from sources other than welfare agencies.
9. Had not made application for Social Security disability.

The preceding list of social and economic characteristics predictive of success in rehabilitation describe why Mangum calls vocational education and vocational rehabilitation "established programs with predominantly lower middle-class constituencies."[33] Mangum also contends that vocational rehabilitation's success rate is built-in "since the process begins with careful evaluation of the potential employability of the client."[34]

Public welfare recipients, on the other hand, are seen as the most difficult group to rehabilitate.[35] Clients are expected "as a demonstration of their motivation" to take the initiative in actively and correctly seeking out

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[33]Garth L. Mangum, The Emergence of Manpower Policy (New York: Holt, Rinehart, and Winston, Inc., 1969), p. 68.

[34]Ibid., p. 111.

[35]George E. Ayers, "Vocational Rehabilitation Gives Welfare Recipients New Lease on Life," Journal of Rehabilitation, XXXIII, No. 2 (March-April, 1967), 14.

the agency to help them.[36] Bredemeier argues that agency personnel base their self-images on the kind of client they serve rather than their skill in serving them. Agency personnel disengage themselves from their roles as servers of the deprived in defense against their fear of degradation by association.[37]

Rein believes that the three chief factors in denial of services to those in greatest need are: (1) professionalization, (2) the rejection or inability of the needy to use the services, and (3) the logical consequences of our social philosophy.[38] The professionals want their efforts to succeed. They want to be acknowledged and appreciated for their successes. In turn, they wish to get satisfaction, pleasure, prestige, and status from their work; money should also come. It is incongruous for the professional counselor to expect these professional needs and aspirations to be fulfilled in working with the most difficult, suspicious, recalcitrant, ignorant, impoverished and hopeless cases.

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[36]Harry C. Bredemeier, "The Socially Handicapped and the Agencies: A Market Analysis," in Mental Health of the Poor, ed. by Frank Riessman, Jerome Cohen and Arthur Pearl (New York: The Free Press, 1964), pp. 88-109.

[37]Ibid.

[38]Martin Rein, "The Strange Case of Public Dependency," Trans-action, II, No. 3 (March-April, 1965), 22. In reference to point No. 2 see also Gideon Sojberg, Richard A. Bryner, and Buford Farris, "Bureaucracy and the Lower Class," Sociology and Social Research, XL, No. 3 (April, 1966), 325-337.

Our social philosophy states strongly that the greatest rewards should go to the most productive. Rein may be correct when he states that "today we use social welfare to preserve the middle class ethic of rewarding the industrious."[39] Those who do not work, neither shall they eat. The non-producers are implied to be inferior beings.

In another article Rein suggests that agencies neglect those in greatest need because there is pressure to accept good clients who will deliver all the rewards that professionals and agencies need or want.[40] "Good" clients are cooperative, motivated to make the most of what is offered, capable of self-improvement, and able to express gratitude. He finds that "the lower the social class the less likely that individual will be able to meet the standards of the good client."[41] For a counselor, then, it would be not only preferable, but nicer to work with cases susceptible to easy change than to work with the "hopeless."

Those of highest professional prestige serve clients and provide therapy while those who care for victims have the lowest prestige. It is not strange,

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[39]Rein, "Strange Case," 23.

[40]Martin Rein, "The Social Service Crisis," Trans-action, I, No. 4 (May, 1964), 3-5, 31-32.

[41]Ibid., 5.

then, that we witness the dispenser of services trying to improve his status by referring to what he does as therapy, by trying to reclassify his consumers as clients--or at least by excluding those who stand little chance of becoming clients. Deviants and victims have a tendency to become patients with problems being treated as sicknesses. In Vocational Rehabilitation it may be that the "patients" and sicknesses are largely stopped at the door under the term "too severely disabled."[42] This was the number one reason cited for persons being refused services in a 1964 national study of 84,699 applicants.[43]

A management consulting organization in an assessment of delivery of rehabilitation services in Michigan found that

> most rehabilitation personnel do not feel comfortable with, and are not properly trained to work with disadvantaged and severely disabled persons even though they may possess the technical skill to do so.[44]

The report went on to say that the counselors are psychologically and culturally unprepared to work with clients from groups with backgrounds which have discouraged

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[42] Ibid.

[43] Martin Dishart, Comparative Patterns of Rehabilitation Services in State Vocational Rehabilitation Agencies (Washington, D.C.: National Rehabilitation Association, 1965), p. 23.

[44] Harbridge House, An Assessment of the Delivery of Rehabilitation Services in Michigan (Boston: Harbridge House, Inc., September, 1968).

motivation, restricted learning and inhibited employment.[45] That counselors generally would prefer special caseloads comprised of college students, educable retarded young adults or the mildly and moderately disabled was confirmed by interviews used in this study.

> . . . there is a very strong proclivity on the part of practitioners to believe that they know which type of person will benefit most from a particular program.[46]

> There is a related tendency for practitioners to want the most deserving youth to receive the opportunity to participate in special programs.[47]

Despite these studies and related literature casting doubt on rehabilitation's potential for aiding the disadvantaged disabled, one study[48] concludes that vocational rehabilitation training is profitable for disabled public assistance clients. Success with those on welfare may be related more to counselor attitudes than to client characteristics.

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[45] See also Aaron L. Rutledge and Gertrude Zemon Gass, Nineteen Negro Men: Personality and Manpower Retraining, The Merril Palmer Institute (San Francisco: Josey-Bass, Inc., 1967), p. 99.

[46] Howard E. Freeman and Clarence C. Sherwood, "Research in Large-Scale Intervention Programs," Journal of Social Issues, XXI, No. 1 (January, 1965), 21.

[47] Ibid., 22.

[48] Charles M. Grigg, Alphonse G. Holtman, and Patricia Y. Martin, Vocational Rehabilitation of Disabled Public Assistance Clients: An Evaluation of Fourteen Research and Demonstration Projects (Tallahassee, Florida: Institute of Social Research, Florida State University, 1969).

> One frequently hears the vocational rehabilitation counselor accuse social workers of not understanding vocational rehabilitation and of referring cases to vocational rehabilitation which have no business being referred--they are just sending someone they are tired of to us. When such persons are referred, the service and motivation that they will receive from vocational rehabilitation is surely questionable.[49]

As discussed earlier, the financing of rehabilitation has had a turbulent history. It has been felt that the most effective means to renew and enlarge funding is to show substantial numbers of rehabilitated clientele. Whether or not this is true there can be no argument that numbers are important. As recorded in a fact sheet booklet put out by the Department of Health, Education and Welfare:

> The Maryland Division of Vocational Rehabilitation which completes forty years of State service in September 1969, maintained its high national standing in terms of number of people rehabilitated. For the fiscal year ending June 30, 1969, there were 6,934 persons whose cases were closed as rehabilitated, a 16.7 percent increase over the 5,984 in 1968. Total cases served increased to 18,972. The total of 185 rehabilitations per 100,000 population in Maryland compares very favorably with the national average of 119.[50]

Virtually every state in the above booklet is described numerically, with emphasis on ordinal standing.

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[49]George J. Margolin. The Effects of Organizational Systems in Motivating the Client for Vocational Rehabilitation (presented at Vocational Rehabilitation Administration Institute for Motivation and Dependency, Northeastern University, April 12-17, 1964), p. 8.

[50]U.S., Department of Health, Education and Welfare, State Vocational Rehabilitation Agency Fact Sheet Booklet (Washington, D.C.: Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education and Welfare, 1969), p. 66.

This preoccupation has been pointed out by observers, with calls for more efficient evaluative techniques. It is essential, to warrant expenditures, that there be numbers of case closures, but there has been a tendency to attach more importance to the numbers and less to the quality of evaluation.[51]

> Perhaps the greatest factor which affects the counselor's motivating potential with the client is his feeling concerning the agency's concept of productivity. In other words, whether or not he feels that his agency is exerting pressures on him for quantitative output.[52]

The federal rehabilitation agency relies on favorable statistics for evidence of the economy of investing funds in the rehabilitation program.

> At the state level the same justification is made to the Board of Education, the Executive Office and the State Legislature, for it is the state appropriation that determines the amount of federal funds which a state is able to receive.[53]

The Harbridge House study of the Connecticut Division of Vocational Rehabilitation[54] recognized that with the Agency's limited resources it was necessary for the Agency to choose between emphasizing one category of disability or

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[51]Alfred L. Davis, "Evaluation in Rehabilitation Program," National Rehabilitation News, X, No. 3 (April, 1944), 34-35.

[52]Margolin, Organizational Systems, p. 8.

[53]Galvin, "Exploratory Study," p. 11.

[54]Harbridge House, An Administrative Study of the Division of Vocational Rehabilitation of the Connecticut State Department of Education (Boston: Harbridge House, Inc., March, 1966).

another. In the study the most significant client input characteristic was type of disability and the most useful output variable was occupational classification of the client after rehabilitation. The disability of the client determines, in part, the kind of service he receives. The occupation for which he is trained is another important determinant of the kind and cost of services supplied.

When agencies see the employment of clients as their criterion of success, counselors, torn between the problem of individualizing service and the requirements for semi-rigid agency structure which demands a continuous flow of rehabilitated persons, tend to select clients that are feasible--that is, clients the counselor subjectively views as able to succeed.[55]

Such selectivity is possible because of the back-log of people needing rehabilitation.

> We have gotten by with a large enough number of placements to justify the continuation of public appropriations because we have had all groups of the disabled from which to select the "cream of the crop" and distribute among a comparatively few case workers.[56]

For the years 1960-1970 the mean ratio number of accepted cases for each case not accepted was approximately

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[55]William Gellman, "The Obstacles Within Rehabilitation and How to Overcome Them," Journal of Rehabilitation, XXXIII, No. 1 (January-February, 1967), 42.

[56]"The Need for Research in Rehabilitation," National Rehabilitation News, I, No. 1 (January, 1935), 3.

1:1.[57] That is, for every person accepted for services more than one was turned away. This does not take into account those that are screened out in the cooperative agreement process. Under the cooperative agreement the rehabilitation counselor informs his various contact offices, such as the employment service, welfare, hospitals, Job Corps, Community Action Program, etc., which kinds of clients vocational rehabilitation is looking for, can help, and will "qualify." Rehabilitation people will tell you that it is herein that the biggest screening out in terms of numbers takes place. There are then perhaps as many as eight people looked at for every one accepted as eligible for services.

Of those who are selected for service there is evidence that the counselors have done a good job in selecting them as feasible for rehabilitation. For the years 1960-1970 the mean ratio of number of rehabilitated cases for each case not rehabilitated was 3.2:1.[58] That is, of those accepted for service over 75 percent come out of the rehabilitation system rehabilitated while less than 25 percent are counted as unrehabilitated.

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[57] U.S., Department of Health, Education and Welfare, Social and Rehabilitation Services, Division of Statistics, Caseload Statistics: State Vocational Rehabilitation Agencies (Washington, D.C.: Government Printing Office, December, 1970).

[58] Ibid.

Each year at least 400,000 disabled persons enter the group who need rehabilitation. In 1965 the approximate number of disabled men and women needing rehabilitation was given as 3,700,000.[59] This figure does not include the socially and culturally disadvantaged.

Client Referrals

One of the statistics kept on vocational rehabilitation clients is the source of referral. The source of referral has some significance with respect to all rehabilitation clients but especially in relation to the disadvantaged disabled. Some of the hard core poverty cases are being slipped into vocational rehabilitation under the heading "mental disability." The problem presented by this practice is related by Miller and Riesman,[60] reporting a study by Myers and Roberts.

The lower-class person, they point out, fears the stigma of "mental illness," and will avoid seeking help.

> The concept of mental illness held by worker and low-income groups often carries with it a rejection of the ill person and a defeatist, hopeless attitude about the possibility of the mentally ill patient's cure and future reinstatement into society. . . . Myers and Roberts found . . . "there was little support or encouragement . . . from low income patient's families and no acceptance of the psychiatric explanation

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[59] "A Word from the Commissioner," Rehabilitation Record, VI, No. 3 (May-June, 1965), frontispiece.

[60] S. M. Miller and Frank Riesman, Social Class and Social Policy (New York: Basic Books, 1968), p. 159.

of their illness. . . .[61]

Self-referrals will be few among the poor. A report in 1970 found only 15 percent of the Negroes referred by individuals, including self-referrals, as compared to 23 percent for other clients. This may indicate less awareness of the availability of rehabilitation services.[62]

In Galvin's study[63] comparing the performance of the Michigan Vocational Rehabilitation Agency in serving the disadvantaged disabled with agency experience in serving a more traditional group of disabled clients he found the disadvantaged disabled were more likely to be referred by a welfare or benefit program while clients in his other subprogram were four times as likely to be self-referred or referred by another individual. Cheatham's[64] findings were similar in that he found a smaller percent of the successfully rehabilitated had been referred from welfare agencies. In his study, referral from welfare was a prediction of failure.

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[61] Ibid., pp. 159-160.

[62] U.S., Department of Health, Education and Welfare. Statistical Notes (Washington, D.C.: Social and Rehabilitation Service, Department of Health, Education and Welfare, No. 20, October, 1970), p. 2.

[63] Galvin, "Exploratory Study," p. 156.

[64] Cheatham, "Differences in Background."

Summary

Rehabilitation personnel have felt that public welfare recipients are the most difficult clients to rehabilitate. In the past decade there has not been any increase in the percent of public welfare referrals being successfully rehabilitated. Most of the disadvantaged disabled clients are on welfare and the middle-class oriented counselor is faced with the decision of accepting or not accepting into service people of whom he may have little understanding and less empathy.

> When faced with failure in serving culturally-different clients, counselors experience frustration, in some cases become hostile toward such clients and avoid them in favor of clients more in keeping with shared cultural norms.[65]

In the Greenleigh study[66] many more unserviced than serviced disabled were found in Detroit--and the greatest neglect was among the poor. They recommended an expanded vocational rehabilitation service to serve a much higher proportion of the poor.

The reviewed works show a relationship between the Disadvantaged and the variables of disability, employment, primary source of support, education, and referral source. We expect the present study to show some significance on these same variables, and we will also investigate

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[65] Galvin, "Exploratory Study," p. 99.

[66] Greenleigh Associates, Services, p. 103.

additional variables for significant relationships in service to the disadvantaged. These variables include age, sex, race, marital status, number of dependents, work status at closure, weekly earnings at acceptance and the time from case acceptance to closure.

Whether or not rehabilitation is attaining its goal of working with the socially and culturally disadvantaged, the poor, will be considered in the following chapter. If the agency's investment policy as operationalized by the counselor results in goal displacement this should become evident in an application of variables coterminously with the disadvantaged on a study of persons chosen to receive services, and the type and amount of services given.

CHAPTER V

THE VOCATIONAL REHABILITATION SERVICE PROCESS AS IT RELATES TO THE DISADVANTAGED: ANALYSIS, INTERPRETATION, AND FINDINGS

Overview

This chapter seeks to ascertain whether the current investment policy of vocational rehabilitation as it relates to the disadvantaged results in a client service process which meets the established goal of vocational rehabilitation, that goal being to help return to productive employment persons with social, physical or mental disabilities. The services given the disadvantaged clients will be compared with the services given the regular clients, and to see if placement and earning of the two groups differ, and if so--how.

To obtain data for a comparison, a random sample of closed rehabilitated cases for fiscal year 1969 was studied in two district vocational rehabilitation offices in each of five states. These states provide a broad geographic representation of the country. One state was selected from the far West, one from the Rocky Mountain area, one from the Midwest, one from the East and one from the South. Approximately 17% of the nation's population and 17% of the

total closed rehabilitated clients served reside in these five states.

To better insure a representative sample from each state the five state directors were asked to recommend two offices that would balance each other; i.e. one office that was more effective and one less effective office. All offices from which cases were selected had staffs of at least five though some were much larger. Approximately fifty-six cases were selected per office.

In choosing five states representing the state-federal rehabilitation program by population, disability incidence and program size, the advice of persons in state and federal rehabilitation programs was sought and received. Included were a number of state directors, a past president of the National Rehabilitation Association, and the National Advisory Commission to Regional Rehabilitation Research Institutes. The states selected were given assurances of anonymity.

Conducting the Field Study

One week was spent in each of the offices studied. A Case Review Schedule was developed following examination of the review schedule used in the Harbridge House Study.[1] As finally developed, the Case Review Schedule was a factual

[1]Harbridge House, Factors Influencing Agency Effectiveness: A Study Done for the Office of Vocational Rehabilitation (Washington, D.C.: Department of Health, Education and Welfare, 1963).

instrument which required only limited judgmental decisions of the researcher. (See Appendix) As for judgmental decisions being made in the field the researcher had the cooperation of some one-hundred twenty-five counselors and fourteen supervisors in the ten offices. Lengthy interviews on their work were held with some ten supervisors and forty counselors.

The variables used in the study were found in the records of rehabilitation clients closed rehabilitated. These records contain a standardized record form (see Form RSA300, Appendix) and reports on the client's background and work history.

To the extent the investment theory has a significant impact in vocational rehabilitation, the client selection process should result in a disproportionately small number of socially and economically disadvantaged persons being served. In Chapter IV we noted the high incidence of physical and mental disabilities among the disadvantaged. They have employment handicaps in addition to their physical and mental disabilities. This gives us reason to believe that a high percentage of the disadvantaged are eligible for services by disability and handicap and it is the third criterion, feasibility, that could be keeping them out. The investment theory is interpreted by counselors as requiring them to produce quick and easy closures for maximum economic return. Counselors and agency

personnel in general view the disadvantaged as a person who can be neither quickly nor easily rehabilitated, and one who provides little payoff-return on investment.

There appears to be a trend toward accepting fewer rather than more of the disadvantaged for services. In fact, fewer and fewer of those accepted by rehabilitation agencies have been referred by a welfare agency. Welfare agencies as sources of referral of persons rehabilitated has declined continuously in percentage from 15.9% in 1960 to 10.3% in 1968.[2] In 1955 the percent referred from welfare was 17.1%.[3]

The proportion of rehabilitated clients who had no dependents when accepted for service has been increasing steadily rather than decreasing as would be expected if many of the disadvantaged were being served. The percentage change has been from 49% in 1958 to 59% in 1968.[4]

The percent of total rehabilitants who have had public assistance as their primary source of support at acceptance has been decreasing. In 1960 12.5% of the individuals accepted for vocational rehabilitation services had public assistance as their primary source of support.

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[2]U.S. Department of Health, Education and Welfare, Social and Rehabilitation Service, Division of Statistics and Studies, Statistical History: Federal-State Program of Vocational Rehabilitation 1920-1969 (Washington, D.C.: Government Printing Office, June, 1970), p. 37.

[3]Ibid., p. 30.

[4]Ibid., p. 30.

This percentage decreased continuously (with the exception of 1961, 12.7%) until in 1968 the percentage was 9.1.[5]

On the other hand, rehabilitants who had current earnings as their primary source of support upon entrance to the rehabilitation system have shown a percentage increase, from 17.9% in 1960 to 20.3% in 1968.[6] And those listing family and friends as primary source of support also increased from 47.6% in 1960 to 51.4% in 1968, hardly an indication of the disadvantaged.[7]

Selecting the Two Groups for Comparison

For the purpose of seeing how many were disadvantaged and showing to what extent services given to the disadvantaged in the rehabilitation system differ from services given to the regular clientele we set up a criterion for the selection of two subgroups.

By defining "Disadvantaged Disabled" as those having both (1) eleven grades or less of education, and (2) public assistance as the primary source of support at acceptance to vocational rehabilitation, we can select, out of a random sample of 559 rehabilitated cases taken from the closed cases in the agencies studied, a subgroup termed Disadvantaged Disabled. The remaining cases will be termed Regular

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[5] Ibid., p. 39.

[6] Ibid.

[7] Ibid.

Disabled. Comparing the two subgroups by variables such as referral source, age, number of dependents, length of time in service, and other socio-economic indicators we can see if the investment policy is leading to a differentiation of services.

The subgroup selection procedure is illustrated in Figure 2.

Classification of Variables

The following are the variables found in the client folders and used for the data in this chapter.

Referral Source:

> Individual or organization first bringing client to the vocational rehabilitation agency.

Age:

> Age of client at birthdate prior to acceptance.

Race:

> Recorded as Negro, Indian, White, Other, or Not available.

Marital Status at Referral:

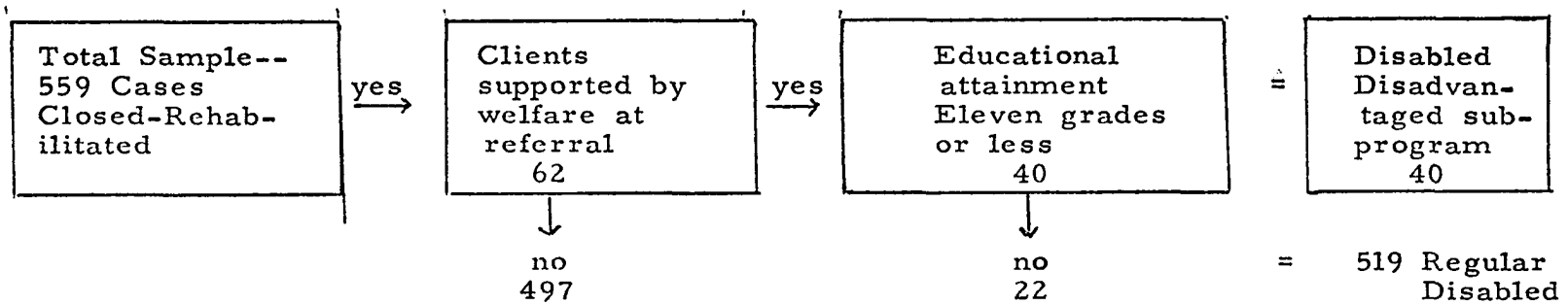
> There are three statuses used. "Married" includes common law marriages; annulled marriages are listed under "Never Married;" and "Broken Marriages" include separations, divorces, and dissertions.

Number of Dependents at Referral:

> The number of persons dependent on the referred client for provision of the daily essentials.

FIGURE 2

DISADVANTAGED DISABLED SUBGROUP SELECTION



Education at Referral:

The highest grade completed under a regular or special educational system.

Major Disabling Condition:

Defect, disease, or impairment responsible for client's employment limitation.

Primary Source of Support at Acceptance:

The client's primary source of support.

Work Status at Acceptance:

The major activity of the client the week prior to referral. Includes employed, self-employed, homemaker, student, unpaid family worker, or unemployed.

Work Status at Closure:

Client classified as family worker, self-employed, employed, or unemployed.

Major Previous Occupation:

Type of occupation client engaged in previous to referral. This category is found on client background and work history records.

Occupation at Closure:

Type of occupation client engaged in at closure of services.

Weekly Earnings at Acceptance:

Amount received by client for week preceding acceptance.

Weekly Earning at Closure:

For those clients receiving income the amount is recorded for the week preceding closure. Client must have worked a minimum of 30 days prior to closure.

Social Security Disability Insurance at Acceptance:

Status of client in relation to Social Security Disability Insurance at time of closure.

Type of Public Assistance at Acceptance:

Public Assistance such as Aid to Families with Dependent Children (AFDC), Aid to the Blind, Old Age Assistance, etc. See Code List for Form RSA-300 in Appendix.

Type of Public Assistance at Closure:

Public assistance such as AFDC, Aid to the Blind, Old Age Assistance, etc. See Code List for Form RSA-300 in Appendix.

Time in Diagnostic Evaluation, Pre-Service:

Months required to determine client's eligibility for vocational rehabilitation services.

Time from Case Acceptance to Closure:

Months from acceptance after diagnostic evaluation to follow-up after placement in a job.

Previous Closure:

Previous experience referred client has had with the vocational rehabilitation system.

Did Client Obtain His Own Job:

Did client get job by himself.

Process Through the Rehabilitation System

Vocational Rehabilitation agencies use a standard classification system for processing clients through services. The classifications follow:

Status 00. Referral--Applies to any individual who has applied, by personal contact, letter, or telephone; or who has been referred by telephone, letter, or other means. Minimum identifying data required are name, address, disability, age, sex,

data and source of referral. This status represents entrance into the Vocational Rehabilitation Process.

Status 02. Applicant--Status used as soon as document requesting services is signed by person referred. Determination of eligibility or ineligibility for services, or decision to place referral into an extended evaluation status is made during Status 02.

Status 04. 6-Month Evaluation--Applicant placed in this status when counselor certifies the severity of the individual's disability requires an extended period of evaluation of his rehabilitation potential. Person may not remain in status beyond 6 months but may be moved prior to 6 months expiration when feasibility determined.

Status 06. 18-Month Evaluation--Applicant placed in this status when counselor certifies person has one of selected disabilities eligible for 18-month evaluation and that the severity of the individual's disability requires an extended period of evaluation of his rehabilitation potential. Person may not remain in status beyond 18 months but may be moved from status prior to 18 months expiration period upon determination of (1) feasibility for employment or (2) no expectation of success in rendering person fit for gainful employment.

Status 08. Closed After Referral or Extended Evaluation--All persons processed through referral and/or extended evaluation and not accepted for Vocational Rehabilitation services will be closed with this status.

Status 10. Plan Development--Study and Diagnosis completed to formulate a plan for rehabilitation. The individual remains in this status until his plan is written and approved.

Status 12. Plan Completed--After approval of plan client remains in this status until arrangements are made with servicing agencies and services begin.

Status 14. Counseling and Guidance Only; 16. Physical Restoration; and 18. Training--The appropriate status is used to designate position of client while services are taking place.

Status 16. Physical Restoration--Client is receiving medical, surgical, psychiatric, or therapeutic treatment, or being fitted with an appliance.

Status 18. Training--Client actually receiving one or more types of training as follows: (1) school training, public or private, (2) employment training in commercial or industrial establishment under employment conditions, (3) training at other facility, or by private instructor, or by correspondence, not under employment conditions.

Status 20. Ready for Employment--After completing services client is placed in Status 20 until placed in employment and, until he actually begins working.

Status 22. In Employment--After employment has begun client remains in Status 22 for a minimum of 30 days during which time he is observed by the counselor.

Status 26. Closed Rehabilitation--Cases in this status were eligible, received appropriate diagnostic and related services, had a plan formulated and completed as far as possible, had counseling and one or more other services, and were determined suitably employed for a minimum of 30 days.

Status 28. Closed unrehabilitated <u>after</u> Rehabilitation Plan Initiated.

Status 30. Closed unrehabilitated before Rehabilitation Plan Initiated.

Referrals may leave the rehabilitation system at four points, Status 08 (ineligible), Status 26 (closed-rehabilitated), Status 28 (after plan initiated), or Status 30 (before plan initiated). We will deal with cases in Status 26 in this study, proposing that those who are disadvantaged were most likely to have been selected out at Status 08.

Demonstration of the Results of the Investment Policy on the Individuals in the Two Study Groups

The purpose of this section is to present findings relating to the performance of Vocational Rehabilitation Agencies in serving two subgroups, the Disadvantaged Disabled and the Regular Disabled. The two subgroups will be compared on the basis of attributes found in the standardized client records maintained by the Vocational Rehabilitation Agencies.

We will be using the chi-square, a nonparametric statistic in the sense that such test and the probability statements associated with them are not dependent upon the shape of the population distribution from which the samples are drawn. Chi-square test allow a study of relationships between two or more nominal scales. The chi-square may be defined as:

$$X^2 = \frac{(O-E)^2}{E}$$

or the sum of the squared discrepancies between observed and expected frequencies, divided by the expected frequency. The larger the difference between the observed and the expected frequencies, the larger the value of the chi-square. A chi-square of zero occurs only when all observed and expected frequencies are identical. If the chi-square value is larger than that expected by chance, the hypothesis of no relationship may be rejected.

The probability level chosen to test the null hypothesis is the fairly common $P < .05$. This means that if all assumptions are correct a chi-square value this large or larger would be obtained only five times in a hundred. That is, only five times in a hundred would you expect chance to account for such findings. The reading and interpretation of $P < .05$ would mean that P (probability) is less than .05 or beyond the .05; and that you are going towards the .02, .01, .005, or .001 level of significance. The latter means that the findings could be attributed to chance only one time in a thousand.

Referral Source

Clients in the Disadvantaged Disabled subgroup were nearly six times (45% to 7.9%) more likely to have been referred by welfare agencies than were clients of the Regular Disabled subgroup, while more of the Regular Disabled subgroup were referred by other individuals, private agencies or self-referral (37.2% as opposed to 30%), as Table 9 reveals.

Educational institutions referred clients in the Regular Disabled subprogram at better than two and three-quarters the rate of referral for the Disadvantaged Disabled subgroup.

TABLE 9

DISABLED BY REFERRAL SOURCE

Referral Source	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Not known	0	0	30	5.8
Educational Institutions	3	7.5	99	19.1
Hospitals and Sanitoriums	1	2.5	25	4.8
Health Organizations and Agencies	1	2.5	34	6.7
Welfare Agencies	18	45.0	41	7.9
Public Agencies and Organizations (not specifically ed., health or welfare)	5	12.5	97	18.7
Private agencies and organizations (not specifically ed., health or welfare)	0	0.0	13	2.5
Individuals -- other, self and physicians	12	30.0	180	34.7
Totals	40	100.0	519	100.2

Age

Clients in the Disadvantaged Disabled subgroup are in general much older (8 years) than those in the Regular Disabled subgroup, as shown in Table 10. Median age of the Disadvantaged Disabled is 38.28 contrasted with a median of 30.80 for the Regular Disabled.

Of the Disadvantaged Disabled 65% are 30 years of age or over as opposed to approximately 54% of the Regular subgroup. Nearly half (47%) of those in the Regular Disabled subgroup are less than 30 years of age.

Of interest is the fact that 2.3% of the Regular Disabled subgroup falls into the 60 years and over category, while there are none of the Disadvantaged over 60 years of age in this category. The relative youth of the Regular Disabled subgroup should make placement easier whereas employment preparation and successful rehabilitation of the older Disadvantaged subgroup might be complicated by their age as many employers are noted for preferring not to hire older persons.

Better than twice the percentage of Regular Disabled are in the age group 24 and under as are the Disadvantaged Disabled (46.3% to 22.5%). Yet it is among the socially-culturally disadvantaged young that the highest unemployment figures are found. It is apparent from this table that Vocational Rehabilitation is not working with a significant number of the young Disadvantaged Disabled.

TABLE 10

DISABLED BY AGE

Age	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Under 15	1	2.5	5	1.0
15-19	5	12.5	139	26.8
20-24	3	7.5	96	18.5
25-29	5	12.5	54	10.4
30-34	7	17.5	42	8.1
35-39	4	10.0	33	6.4
40-44	7	17.5	38	7.3
45-49	1	2.5	39	7.5
50-54	5	12.5	35	6.7
55-59	2	5.0	26	5.0
60-64	0	0.0	9	1.7
65-69	0	0.0	3	.6
Totals	40	100.0	519	100.0
	Median age	38.28	Median	30.80

NOTE: For purposes of computing X^2 the table has been collasped as follows: Up to 24; 25-44; and 45-69. $X^2 = 11.749$. $p < .005$

In the age group 25-44 years the Disadvantaged subgroup registers 57.5% whereas the Regular Disabled subgroup registers only 32.2%. This age group would be more likely to have a work history and a work history makes placement possibilities much more likely as well as easier.

In the older worker category, 45 and over, we find little difference though a slightly larger percent of the Regular Disabled are found in this group of rehabilitants (21.5% as compared to 20%).

As shown in Table 10, age is significantly related to subgroup.

Sex

Table 11 is quite self-explanatory. That more men are rehabilitated than women may be due to the higher incidence of disability among men as well as the widespread acceptance of work as the primary function of men. The larger percentage of Disadvantaged females over Regular females may reflect the "head-of-household" status of many females in Disadvantaged areas. It may also be a result of disadvantaged females being more easily placed in service jobs.

There is no significant relationship between sex and client subgroup.

TABLE 11

DISABLED BY SEX

	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Male	21	52.5	301	58.0
Female	19	47.5	216	41.6
Not known	0	0.0	2	.4
Totals	40	100.0	519	100.0

X^2 = .4978 (Not Significant)

Chi square was computed with "not known" category deleted.

Race

In the Disadvantaged Disabled subgroup the 17.5% Non-white, shown in Table 12, is a small figure and the 77.5% White quite large given the percent of Disadvantaged Non-white in the total United States population. The 17.5% Non-white in the Disadvantaged subgroup is also small as contrasted with the incidence of disability and poverty among the Non-white population as indicated in Chapter III.

The Regular Disabled subgroup was shown to be 13.1% Negro. Keeping in mind that these were persons who did not list public assistance as their primary source of support and had more than eleven grades of education, it would appear that this group of Negroes were middle class rather than disadvantaged. This would seem to show that agencies accept middle class clients regardless of race.

It was expected that this item would have been significant yet it is not statistically so.

With a backlog of potential clients Vocational Rehabilitation would not need to accept many Negroes. Also many of the Negroes they do accept may be middle class.

Marital Status at Acceptance

On Marital Status (Table 13) the largest difference between the two subgroups comes in the category "Never Married." That nearly one-half (47.6%) of the Regular Disabled subgroup have never been married at acceptance is

TABLE 12

DISABLED BY RACE

Race Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
White	31	77.5	446	85.9
Negro	6	15.0	68	13.1
Indian	0	0.0	1	.2
Other	1	2.5	1	.2
Not available	2	5.0	3	.6
Totals	40	100.0	519	100.0

NOTE: For purposes of computing X^2 the table has been collasped as follows: White; and nonwhite. (Not available category deleted). X^2 Not Significant.

TABLE 13

DISABLED BY MARITAL STATUS

	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Married	16	40.0	176	33.9
Widowed	2	5.0	21	4.0
Divorced	9	22.5	43	8.3
Separated	5	12.5	30	5.8
Never Married	8	20.0	247	47.6
Not Available	0	0.0	2	.4
Totals	40	100.0	519	100.0

NOTE: For purposes of computing X^2 the table has been collasped as follows: Married; Broken Marriage; Never Married. $X^2 = 15.588$ $P < .001$.

indicative of the younger age of the Regular subgroup, md. 30.80 years, as compared with md. 38.28 years for the Disadvantaged subgroup. That the Regular Disabled subgroup had never been married in such numbers (33.9%) can be explained by the fact that their education is higher than that of the Disadvantaged Disabled subgroup. Many undoubtedly were either in college or had plans for entering college. As higher education somewhat delays marriage this would help account for the high proportion of Never Marrieds in the Regular subgroup.

That only 20% of the Disadvantaged subgroup were in the Never Married category was very probably due to their older age, which would put them in a more marriageable status.

The category "Broken Marriage" contained 40% of the Disadvantaged subgroup and 18.1% of the Regular Disabled subgroup. While age would be a factor in the Disadvantaged subgroup showing better than twice the rate of Broken Marriages as did the Regular subgroup, probably a large factor would be the referral source and public assistance as the primary source of support. Studies have found that the proportion of rehabilitants divorced or separated was more than twice as great among public assistance recipients as for all other clients.[8]

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[8]Grigg, Holtmann, and Martin, Fourteen Projects, p. 22.

There was no great difference by subgroup in the proportion of clients married at acceptance. That a slightly higher percentage of the Disadvantaged were married would be a reflection of the group's higher median age as well as the tendency toward earlier marriage among disadvantaged as well as lower educated groups.

Galvin[9] found his two subgroups of Disabled Disadvantaged and Community Clientele differed more on the variable of Marital Status than on any other. In both subprograms a near equal proportion of clients were married at time of referral, but two and one-half times as many of the disadvantaged clients were divorced, separated, or deserted. Galvin found that there was an association between subprogram affiliation and marital status.

In the present study Marital Status was found to be significantly related to client subgroup. The difference between the groups is consistent with the differences found in the studies cited.

Dependents

The Regular Disabled subgroup had more than twice as many clients (61.5% to 30%) reporting no dependents as did the Disadvantaged Disabled subgroup. In all other categories except "10" the Disadvantaged subgroup reported more dependents than did the Regular subgroup in Table 14.

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[9]Galvin, "Exploratory Study," pp. 171-172.

TABLE 14

DISABLED BY DEPENDENTS

Number of Dependents Category	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
0	12	30.0	319	61.5
1	5	12.5	57	11.0
2	6	15.0	45	8.7
3	5	12.5	36	6.9
4	4	10.0	25	4.8
5	2	5.0	15	2.9
6	2	5.0	10	1.9
7	1	2.5	5	.9
8	1	2.5	4	.8
9	1	2.5	1	.2
10	0	0.0	2	.4
11	1	2.5	0	.0
Totals	40	100.0	519	100.0
	Median	2.5	Median	.19

NOTE: For purposes of computing X^2 the table has been collasped as follows: 0; 1; 2-4; 5-11. $X^2 = 18.931$. $P < .001$.

The median number of dependents for the two groups are quite revealing, .19 for the Regular subgroup and 2.5 for the Disadvantaged subgroup or more than twelve and one-half times the median number of dependents of the Regular subgroup. The Disadvantaged Disabled subgroup had over 75% more clients reporting 2-4 dependents than the Regular Disabled reported for the 2-4 category.

In the categories from 5-11 dependents the pattern continues to be consistent. Here we see the Disadvantaged listing proportionately nearly three times as many dependents as does the Regular Disabled subgroup.

In the Disadvantaged subgroup well over half (57.5%) list 2 or more dependents while the Regular subgroup records nearly three quarters (72.5%) of its clients with 1 or less dependents. The number of dependents is shown in Table 14 to be very significantly ($p < .001$) related to clientele subgroup.

Education

Education was one of two factors used in operationally selecting the subgroups. Thus, all of the Disadvantaged Disabled are found with Eleven grades or less of education as well as having public assistance as their primary source of support. A test of significance would not be appropriate for this variable due to its operationalization in identifying subgroups. It may be of some

TABLE 15

DISABLED BY EDUCATION

Education level	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
8th grade or less	14	35.0	138	26.6
9-11th grade	26	65.0	122	23.5
12th grade	0	0.0	192	37.0
more than 12th grade	0	0.0	58	11.2
Special education only	0	0.0	9	1.7
Totals	40	100.0	519	100.0

significance, however, that approximately one-half (50.1%) of the Regular Disabled subgroup also had eleven grades or less of education.

A closer examination of Table 15 shows that only 26.6% of the Regular subgroup had 8 grades or less of education while the disadvantaged had 35%. Taking both groups together approximately 29% of vocational rehabilitation clients have 8 grades or less of education. A recent national survey found that less than one-fifth (20%) of vocational rehabilitation clients had eight or less grades of education at acceptance for service.[10] The question could be raised as to how much effect vocational rehabilitation is going to have in fighting poverty.

Major Disabling Condition

The largest category of disability for both the Disadvantaged and Regular subgroups was Orthopedic Impairments. This represents the traditional caseload rather than the socially-culturally disabled group that was supposed to have become the new thrust in vocational rehabilitation.

That only 25% of the Disadvantaged subgroup had a Mental Disability is surprising when one considers that the social and culturally disadvantaged are largely to be taken

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[10] U.S. Department of Health, Education and Welfare, Statistical Notes, October, 1970, p. 2.

into rehabilitation under Mental Disability rather than some physical disability.

It should be kept in mind that in most instances the physical case is thought to be much easier to work with than is the mental. The high percentage of physical disabilities in the Regular subgroup may be due to their rate of referral from educational institutions; whereas the relatively low proportion of mental disability among the Disadvantaged may be due to their primary referral source of welfare agency.

Table 16 reflects the traditional viewpoint that rehabilitation is for physically disabled people and the stigma (culture-wide, not just in rehabilitation) attached to mental disabilities. Given a choice between disability categories most people use the physical disability category rather than the mental. We are told that there exists more physical disability among the disadvantaged than among other groups. The physical disability category is used in these cases because the physical disability exists, is easier to document, fits the viewpoint of the counselor, and is less stigmatizing than use of the mental disability category would be.

A study by William Siegel demonstrated that a significant relationship did exist between type and

TABLE 16

DISABLED BY MAJOR DISABLING CONDITION

Disability Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Not Reported	0	0.0	6	1.2
Visual Impairments	1	2.5	19	3.7
Hearing Impairments	3	7.5	21	4.0
Orthopedic Impairments	13	32.5	163	31.4
Absence of Members	1	2.5	15	2.9
Mental	10	25.0	159	30.6
Other - Etiology is not known	12	30.0	136	26.2
Totals	40	100.0	519	100.0

Grouping major disabling conditions by Sensory, Orthopedic, Mental, and Other for purposes of computing a X^2 we obtained X^2 = .832 Not significant.

severity of disability and vocational adjustment.[11]

Primary Source of Support at Acceptance

As shown in Table 17 categories 3 and 4, public assistance with Federal funds and public assistance without Federal funds (general assistance) were combined to give a total of 40 in the subgroup Disadvantaged Disabled. Because this item, Primary Source of Support at Acceptance, was used in operationally selecting the subgroups it cannot be properly used in any comparisons. However, some observations on the Regular Disabled subgroup are in order, as are some comments in general.

Not all public assistance recipients were excluded from the subgroup Regular Disabled. Only those that met both criteria of 1) supported by welfare at referral, and 2) eleven grades or less of education. Nonetheless, only 4.3% or 22 of the 519 Regular Disabled subgroup recorded welfare as their primary source of support (categories 3 and 4).

Galvin, in his study,[12] recorded 9% of his Community Service subprogram as having public assistance as their primary source of support at referral. The studies done by

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[11]William Siegel, "Differential Effects of Six Functional Disabilities Across Occupational Groupings" (unpublished Ph.D. dissertation, University of Minnesota, 1965).

[12]Galvin, "Exploratory Study."

TABLE 17

DISABLED BY PRIMARY SOURCE OF SUPPORT AT ACCEPTANCE

Support Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Current earnings interest dividends, etc.	0	0.0	107	20.6
Family & friends	0	0.0	298	57.4
Private relief agency	0	0.0	1	.2
Public assistance with Federal funds	34	85.0	16	3.1
Public assistance without Federal funds (general assistance)	6	15.0	6	1.2
Public institution	0		19	3.7
Workmen's compensation	0		17	3.3
Social security	0		12	2.3
Other disability sickness, survivors or age-retirement	0		23	4.4
Annuity or other non-disability insurance (private insurance)	0		12	2.3
Not available			8	1.5
Totals	40	100.0	519	100.0

Cheatham[13] and DeMann[14] found source of support at referral was significantly related to type of closure.

Galvin found that nearly 2 out of 10 (or approximately 20%) of the clients in his Community Service subprogram reported earnings as their primary source of support at referral. In the present study approximately 21% (20.6) of the Regular Disabled subgroup listed current earnings as their primary source of support.

The primary source of support for 15.2% of Galvin's Community Service subprogram was Benefits or Insurance at the time of acceptance by vocational rehabilitation. In the present study 12.3% of the Regular Disabled subgroup list their primary source of support as Benefits or Insurance (Items 6, 7, 8, 9).

Benefits or Insurance include workmen's compensation, social security, other disability, sickness, survivors or age-retirement, annuity or other non-disability private insurance. Such sources of support are nearly always based upon a previous continuous period of employment. These clients, then, have had the benefit of exposure and experience in the world of work, a valuable asset in the eyes of any counselor trying to make placements.

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[13]Cheatham, "Background Characteristics," p. 41.

[14]Michael M. DeMann, "Selected Client Characteristics Predictive of Successful Case Closure in Vocational Rehabilitation" (unpublished Ph.D. dissertation, University of Minnesota, 1960), p. 72.

In vivid contrast is the Disadvantaged client with his often lengthy and continuing period of no work experience. Work history is a significant factor as a counselor considers feasibility of placement, not to mention the ease of placement.

Adding together those clients who at acceptance to vocational rehabilitation listed as their primary source of support a) current income (20.6%) and b) benefits and insurance (12.3%) we see that a total of 32.9% of the Regular Disabled are in an economic condition enviable by many of America's socially and culturally disadvantaged. At the very least it points up why an eminent manpower expert claims that vocational rehabilitation clientele have handicaps other than economic or cultural ones.[15]

Work Status at Acceptance

Table 18 shows that approximately 22% of the Regular Disabled subgroup were working for wages when accepted for vocational rehabilitation services. Of this 22 percent 4% were in sheltered workshop settings. In the Disadvantaged Disabled subgroup not only were none working for wages but none were employed in any fashion, including sheltered workshop.

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[15]Garth L. Mangum, "Evaluating Federal Manpower Programs," in Congress of the United States, Joint Economic Committee, Federal Programs for the Development of Human Resources (Washington, D.C.: Government Printing Office, 1968), p. 192.

TABLE 18

DISABLED WORK STATUS AT ACCEPTANCE

Employment Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Wage or salaried (competitive labor market)	0	0.0	92	17.7
Wage or salaried (sheltered workshop)	0	0.0	21	4.0
Self-employed except BEP	0	0.0	5	.9
State Agency managed business enterprise (BEP)	0	0.0	0	0.0
Homemaker	2	5.0	23	4.4
Unpaid family worker	0	0.0	2	.4
Not working student	3	7.5	99	19.1
Not working other	35	87.5	268	51.1
Trainee or worker (non-competitive labor market)	0	9.0	2	.4
Not available	0	0.0	7	1.3
Totals	40	100.0	519	99.8*

*Due to rounding total is less than 100%.

Grouping by wage, Non-wage, and Not working $X^2 = 11.87$ $p < .005$

Nineteen percent of the Regular Disabled subgroup were in the Not Working-Student category as opposed to 7.5% of the Disadvantaged subgroup in the Not Working-Student category. In other words, better than two and one-half times as many of the Regular Disabled subgroup as of the Disadvantaged Disabled subgroup were students.

Both Cheatham[16] and DeMann[17] found that work status at acceptance was correlated with successful rehabilitation. In the Cheatham study 20.7% of the rehabilitated clients were working prior to referral to Oregon Vocational Rehabilitation while approximately 8% of the non-rehabilitated were working prior to referral.

Work Status at Closure

The work status at closure shows that very nearly an equal proportion of both subgroups, 83.8% Regular as opposed to 82.5% of the Disadvantaged, were working for wages when their cases were closed by the Agency. This is surprising as a presupposition of the investment theory is that the disadvantaged are much harder to place in gainful employment. However, of the respective percentage groups working for wages, 10% of the Disadvantaged were working in sheltered workshops while only 5% of the Regular Disadvantaged were so employed.

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[16] Cheatham, "Background Characteristics," p. 43.

[17] DeMann, "Client Characteristics," p. 85.

TABLE 19

DISABLED BY WORK STATUS AT CLOSURE

Employment Categories	Subgroups			
	Disadvantaged	Disabled	Regular	Disabled
	Number	Percentage	Number	Percentage
Wage or salaried (competitive labor market)	29	72.5	409	78.8
Wage or salaried (sheltered workshop)	4	10.0	26	5.0
Self-employed except BEP	2	5.0	24	4.7
State Agency Managed Business Enterprise (BEP)	0	0.0	3	.6
Homemaker	4	10.0	42	8.1
Unpaid family worker	1	2.5	15	2.9
Totals	40	100.0	519	100.1*

*Total due to rounding.

Sheltered Employment indicates those persons who for any physical or mental condition cannot function in a regular competitive employment situation are placed in a work setting that can and does meet the different conditions the employee must have to function in remunerative employment. An example could be Goodwill Industries workshop or a Society for Crippled Children and Adults print shop.

The status "homemaker" shows that the Disadvantaged had a higher proportion, 10% as opposed to 8.1% closed in this category. Often a person too severely disabled for employment--or a very hard case to place in employment--may be closed as homemaker. It seems reasonable that more of this type of case would appear in a Disadvantaged group.

Major Previous Occupation

Table 20 shows that the single largest portion of the Disadvantaged Disabled listed off jobs as their Major Previous Occupation, while ranking first as Major Previous Occupation for the Regular Disabled subgroup was "None or Student." This may reflect the much lower median age of this group. (See Table 10, Age at Acceptance)

The Regular subgroup lists Odd Jobs as their second largest category of Major Previous Occupation while the second ranked category of the Disadvantaged subgroup is Service Occupation. Twenty percent of the Disadvantaged subgroup list Service Occupation in contrast to 10.4% of the Regular subgroup doing so.

TABLE 20

DISABLED BY MAJOR PREVIOUS OCCUPATION

Occupational Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Professional and Managerial	0	0.0	17	3.3
Sales	2	5.0	37	7.1
Service Occupation	8	20.0	54	10.4
Farming, fishing and forestry	1	2.5	5	1.0
Processing	1	2.5	3	.6
Machine Trades	0		8	1.5
Bench Work	0		2	.4
Structural Work	7	17.5	56	10.8
Sheltered Work	0		4	.8
None or Student	7	17.5	188	36.2
Odd Jobs	14	35.0	145	28.0
Totals	40	100.0	519	100.1

While the Disadvantaged subgroup far outranked, in proportion, the Regular subgroup in Service Occupation as a previous occupation it was equally evident that those having previously held professional and managerial positions were of the Regular subgroup (3.3%). Not a single person from the Disadvantaged listed such.

It is also evident from Table 20 that the more skilled trades, Machine Trades and Bench Work, were the domain of the Regular Disabled. The Disadvantaged Disabled had no one listed in these categories. However, in the category Structural Work, we see a much higher proportion of the Disadvantaged having had previous jobs therein, over 50% higher for Structural Work. This might be an indication that the Disadvantaged clients that had previously worked had the unskilled jobs while those of the Regular subgroup that had previously worked had often done so in a skilled, professional, or managerial setting.

Occupation at Closure

The first three categories of Occupation at closure for the Regular Disabled subgroup are, in order of importance, Clerical and Sales (21.6%), Service Occupations (20.6%), and Professional and Management (13.3%). The top three occupations listed at closure for the Disadvantaged Disabled subgroup are Service Occupations (30%), Clerical and Sales (12.5%), and Bench Work, also 12.5%.

TABLE 21

DISABLED BY OCCUPATION AT CLOSURE

Occupational Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Professional and Management	2	5.0	69	13.3
Clerical and Sales	5	12.5	112	21.6
Service Occupations	12	30.0	107	20.6
Farming, Fishing and Forestry	2	5.0	13	2.5
Processing	1	2.5	16	3.1
Machine Trades	3	7.5	20	3.8
Bench Work	5	12.5	39	7.5
Structural Work	3	7.5	31	6.0
Miscellaneous	1	2.5	31	6.0
Blank	2	5.0	28	5.4
Homemaker	3	7.5	42	8.1
Sheltered Workshop	1	2.5	4	.8
Unpaid family worker	0	0.0	6	1.2
Vending clerk	0	0.0	0	
Vending operator	0	0.0	1	.2
Totals	40	100.0	519	100.1

From Table 21 we see that more of the jobs generally considered to be lower class are taken by the Disadvantaged subgroup while conversely the Regular subgroup was placed in the professional and managerial jobs. The Regular sub-group placed more than two and one-half times as many in professional and managerial occupations as did the Disadvantaged subgroup, while the Disadvantaged placed nearly 50% more clients in Service Occupations than did the Regular Disabled.

The occupational category "Clerical and Sales" also had a wide margin in placements between the two groups. Approximately 22% of the Regular subgroup found employment in Clerical and Sales while 12.5% of the Disadvantaged were found in such jobs.

Bench Work, Structural Work, Machine Trades, as well as Farming, Fishing, and Forestry all saw more of the Disadvantaged enter in larger percentages than did the Regular Disabled subgroup.

Weekly Earnings at Acceptance

While the entire Disadvantaged subgroup reported no earnings at time of acceptance for vocational rehabilitation service, 76% of the Regular subgroup reported no earnings. Approximately 5% of the Regular Disabled had earnings of more than $80 per week, while very close to another 10% were showing weekly earnings of between $40 and $80 at acceptance to vocational rehabilitation.

TABLE 22

DISABLED BY WEEKLY EARNINGS AT ACCEPTANCE

Earnings	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
$ 0	40	100.0	395	76.1
1-40	0	0.0	48	9.2
41-80	0	0.0	51	9.9
81-120	0	0.0	12	2.3
121-160	0	0.0	7	1.4
161-200	0	0.0	4	.8
999 (not available)	0	0.0	2	.4
Totals	40	100.0	519	100.1

Weekly Earnings at Closure

Out of the seven classes of earnings in Table 23 we see a surprisingly equal distribution of both groups in each class. The Disadvantaged subgroup does lead, however, in percentage in four of the seven classes including two of the three highest earnings classes, $120-160 and $201-240. Two of the three classes in which the Regular subgroup had the highest percentages were the two lowest earnings classes, $0 and $1-40.

Table 23 shows the median earnings of the Disadvantaged Disabled ($66.00) to be slightly higher than the median earnings ($63.41) of the Regular Disabled.

The chi-square test shows no significant relationship between weekly earnings at closure and clientele group. It should nonetheless be pointed out that none of the Disadvantaged were employed for wages at acceptance (Table 18) while nearly 22% (21.7) of the Regular subgroup were in wage or salaried work at acceptance. In addition, 23.5% (Table 22) of the Regular Disabled reported wages between $1 to $200 per week at acceptance.

We see then that even though the Disadvantaged Disabled were not employed and had no wages at acceptance they were closed with earnings slightly higher than the Regular Disabled.

TABLE 23

DISABLED BY WEEKLY EARNING AT CLOSURE

Earnings	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
$ 0	5	12.5	77	14.8
1-40	5	12.5	71	13.7
41-80	16	40.0	199	38.4
81-120	9	22.5	104	20.0
121-160	4	10.0	48	9.2
161-200	0	0.0	5	1.0
201-240	1	2.5	9	1.7
Unknown			6	1.2
Totals	40	100.0	519	100.0
	Median	66.0	Median	63.41

NOTE: For purposes of computing the X^2 the table has been collasped as follows: $0; 1-40; 41-80; 81-120; 121 + X^2 = .324. Not significant.

Social Security Disability Insurance at Acceptance

In Table 24 slightly more of the Regular Disabled than Disadvantaged Disabled were shown not to be applicants for Social Security Disability Insurance. But the Disadvantaged subgroup was denied benefits at three times the rate of the Regular subgroup. None of the Disadvantaged were allowed benefits while 2.5% of the Regular subgroup were allowed Social Security Disability benefits. Under the 1965 amendments to the Vocational Rehabilitation Act the Social Security Administration was allowed to pay, out of SSDI funds, for the rehabilitation of persons eligible for SSDI as long as rehabilitating these persons resulted in a savings to the trust fund equal to or greater than the cost of rehabilitation. As one must pay into the trust fund before drawing out it requires a somewhat lengthy and continuous form of employment to qualify for SSDI.

Social Security Disability Insurance at Closure

At closure we see a picture similar to that seen at acceptance; i.e., more of the Regular Disabled listed as "not an applicant" for Social Security Disability Insurance. The picture is consistent further in that again we see more of the Regular Disabled allowed benefits, 6.7% to 5%, while many more of the Disadvantaged Disabled were denied benefits than were Regular clientele, 12.5% to 3.9%.

TABLE 24

DISABLED BY SOCIAL SECURITY

DISABILITY INSURANCE AT ACCEPTANCE

	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Not an applicant	35	87.5	469	90.4
Applicant allowed benefits	0	0.0	13	2.5
Applicant denied benefits	3	7.5	12	2.3
Application pending	2	5.0	20	3.9
Not known	0	0.0	5	.9
Totals	40	100.0	519	100.0

TABLE 25

DISABLED BY SOCIAL SECURITY

DISABILITY INSURANCE AT CLOSURE

Social Security Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Not an applicant	33	82.5	458	88.2
Applicant allowed benefits	2	5.0	35	6.7
Denied benefits	5	12.5	20	3.9
Applicant status pending	0	0.0	6	1.2
Totals	40	100.0	519	100.0

X^2 = 6.980 Not significant

Type of Public Assistance at Acceptance

All but 2.5% of the Disadvantaged subgroup was receiving some type of public assistance at acceptance. (One person failed to list Type of public assistance received.) This high percentage is due to the fact that one of the two criteria to operationally define the subgroup Disadvantaged was that public assistance be the primary source of support at acceptance.

Aid to Families with Dependent Children was the largest public assistance category of both groups though few (8.3%) of the Regular Disabled were listed as receiving any type of public assistance at acceptance. From this we can say that for practically all of those on public assistance it amounted to their primary source of support. In short, one was either really on it or not at all.

Type of Public Assistance at Closure

While more (91.7% to 62.5%) of the Regular clientele than of the Disadvantaged reported receiving no public assistance at time of case closure it is still quite possible that the biggest gains were made by the Disadvantaged Disabled. Table 27 in conjunction with Table 26 shows that the Disadvantaged subgroup climbed from 2.5% receiving no public assistance at acceptance to 62.5% receiving no public assistance at closure. Meanwhile the Regular Disabled subgroup reported 91.5% receiving no public assistance at

TABLE 26

DISABLED TYPE OF PUBLIC ASSISTANCE AT ACCEPTANCE

Public Assistance Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
None - not available	0	0.0	475	91.5
Old age	0	0.0	0	0.0
Aid to the Blind	0	0.0	1	.2
Aid to Permanently Disabled	5	12.5	5	1.0
Aid to families with Dependent Children	24	60.0	23	4.4
General Assistance	5	12.5	10	1.9
AFDC in Combination with other types	4	10.0	2	.4
Any other combination	1	2.5	2	.4
Type not known	1	2.5	1	.2
Totals	40	100.0	519	100.0

TABLE 27

DISABLED BY TYPE OF PUBLIC ASSISTANCE AT CLOSURE

Public Assistance Categories	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
None	25	62.5	497	95.7
Old age assistance	0	0.0	0	0.0
Aid to the Blind	0	0.0	1	.2
Aid to Permanently and Totally Disabled	2	5.0	5	1.0
Aid to Family with Dependent Children	10	25.0	8	1.5
General Assistance	0	0.0	2	.4
AFDC combined with others	2	5.0	1	.2
Any other combination	0	0.0	0	0.0
Types not known	0	0.0	1	.2
P.A. received between referral and closure only	1	2.5	4	.8
Totals	40	100.0	519	100.0

acceptance while only climbing to 95.7% receiving no public assistance at closure.

For those receiving public assistance, in both groups Aid to Families with Dependent Children was by far the major Type of Public Assistance received.

Time in Diagnostic Evaluation

It is during this time that the Agency personnel or counselor is gathering and compiling the medical, psychological, sociocultural, and vocational information for the purposes of, first, establishing eligibility, and second, building a plan of services. In a finding of eligibility the counselor must sign a certificate of eligibility stating that there is a disabling condition, a resulting employment handicap, and a reasonable expectation that the outcome of vocational rehabilitation will be gainful employment.

In Table 28 "0" reflects those clients who were in the diagnostic phase less than one month. Slightly more than twice the percentage of Regular Disabled were in Diagnostic status less than a month as opposed to the Disadvantaged Disabled.

For the remaining time in months of diagnostic evaluation we see that in the categories 1 month through 8 months both subgroups are fairly equal in their percentages. In the categories of 9 months to 31 months there are more of the Disadvantaged requiring a longer period of time for completion of diagnostic evaluation.

TABLE 28

DISABLED BY TIME IN DIAGNOSTIC EVALUATION

Months	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
0	4	10.0	110	21.2
1	12	30.0	135	26.0
2	8	20.0	76	14.6
3	5	12.5	48	9.2
4	2	5.0	40	7.7
5	2	5.0	28	5.4
6	0	0.0	13	2.5
7	1	2.5	15	2.9
8	1	2.5	4	.8
9	1	2.5	8	1.5
10	0	0.0	8	1.5
11	0	0.0	7	1.3
12	0	0.0	8	1.5
13	1	2.5	2	.4
14	2	5.0	4	.8
15 and up (31)	1	2.5	13	2.5
Totals	40	100.0	519	99.8
	Median = 2.5		Median	2.1907

NOTE: For purposes of computing X^2 the table has been collasped as follows: 0-3; 4-8; and 9-31. X^2 = .677. Not significant.

There is, however, no large difference in the medians as shown in Table 28, 2.5 months for the Disadvantaged and 2.19 months for the Regular subgroup. Table 28 shows a chi-square of no significance; i.e., there is no significant relationship between client groups and time in diagnostic evaluation.

Months Acceptance to Closure

Comparing those cases that were closed in 9 months or less (Table 29) we find that of the Disadvantaged Disabled 82.5% were closed rehabilitated while only 46.2% of the Regular Disabled were closed during that period.

Comparing closures taking 19 months or more there were only 17.5% of the Disadvantaged contrasted to 53.8% of the Regular Clientele. We note further that only 12.5% of the Disadvantaged Disabled were in the caseload for over 25 months whereas 17.6% of the Regular Disabled spent over 25 months in case services.

It could be maintained that the tougher cases, the Disadvnataged, were given more and closer attention and thus were put through the system more quickly. It seems more likely, however, that the Disadvantaged were hurried through much more quickly (median time 5.25 months as contrasted with the Regular subgroup median of 10.0 months) for the purpose of payoff-returns. The Disadvantaged Disabled were also given less training and the type of jobs they were placed in were highly remunerative.

TABLE 29

DISABLED BY MONTHS ACCEPTANCE TO CLOSURE

Months	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
0	4	10.0	6	1.2
1	2	5.0	17	3.3
2	7	17.5	29	5.6
3	2	5.0	28	5.4
4	4	10.0	39	7.5
5	4	10.0	24	4.6
6	1	2.5	23	4.4
7	3	7.5	17	3.3
8	1	2.5	22	4.2
9	5	12.5	35	6.9
10-15	0	0.0	105	20.2
16-25	2	5.0	83	16.0
26-40	4	10.0	59	11.4
41-75	1	2.5	32	6.2
Totals	40	100.0	519	100.2
	Median	5.25	Median	10.9

NOTE: For purposes of computing X^2 the table has been collasped as follows: 0-5; 6-9; 10-75. $X^2 = 21.530$. $P < .001$.

Previous Closure

More of the Disadvantaged subgroup (17.5%) are shown in Table 30 to have been previously closed by vocational rehabilitation than those in the Regular subgroup (13.7%). That is, more of the Disadvantaged Disabled than the Regular Disabled had previously had experience with vocational rehabilitation.

Table 30 shows the client subgroup to be significantly related ($p < .005$) to previous closure.

Did Client Obtain Own Job

Table 31 shows that more of the Regular Disabled subgroup (75%) as opposed to 67.5% of the Disadvantaged Disabled subgroup were able to secure employment on their own.

There was no statistical significance between client subgroups and the ability to obtain one's own job.

Results of the Investment Policy

Results of the policy of investment are best shown by looking at the System Outcome Indicators. Work Status at Closure, Social Security Disability Insurance at Closure and Earnings at Closure.

The rationale given for not accepting the disadvantaged for services by agency personnel, i.e., that the disadvantaged are not a wise investment risk and that immediate returns will not be realized from them, seems to be

TABLE 30

DISABLED BY PREVIOUS CLOSURE

	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
yes	7	17.5	71	13.7
no	29	72.5	438	84.4
not answered	4	10.0	10	1.9
Totals	40	100.0	519	100.0

X^2 = 10.683 P < .005.

When X^2 is computed with not answered category deleted
X^2 = .8278 not significant

TABLE 31

DID CLIENT OBTAIN OWN JOB

	Subgroups			
	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
yes 1	27	67.5	389	75.0
no 2	6	15.0	55	10.6
not answered 3	7	17.5	75	14.5
Totals	40	100.0	519	100.1

X^2 = 1.172. Not significant.

unfounded. On the contrary, as seen in Table 32--Work Status at Closure, we see approximately as many in the Disadvantaged Disabled subgroup working for Wages at the time of case closure as we do in the Regular Disabled subgroup. There was no significant difference in the work status between the two subgroups at closure, while a very significant difference ($p < .005$) in work status existed at acceptance, Table 33. The Regular subgroup had many more persons working for Wages at acceptance than did the Disadvantaged subgroup.

In computing a chi-square on Social Security Disability Insurance at Acceptance the test shows no significant difference between the Disadvantaged and Regular subgroups. Also no significant difference was found in the two subgroups in Social Security Disability Insurance at Closure. (Table 34 and 35) As the Disabled Disadvantaged were, by selection criteria, on public assistance at acceptance no wages were being earned and thus no test of significance could be run on Earnings at Acceptance. The earnings at closure for the two groups were so equivalent (as shown in Table 32) that no significance resulted from the computation of a chi-square.

Summary

In this study we see from the data a very small portion (40) of the sample (559 cases) or 7%, fall into the operationally defined category "Disadvantaged"--that

TABLE 32

Work Status at Closure of the Disadvantaged

Disabled and Regular Disabled

Work Status at Closure	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Working for Wages	35	87.5	462	89.1
Not Working for Wages	5	12.5	57	10.9
Totals	40	100.0	519	100.0

X^2 = .0865, not significant.

TABLE 33

Work Status at Acceptance of the Disadvantaged

Disabled and Regular Disabled

Work Status at Acceptance	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Working for Wages	2	5.0	143	27.6
Not Working for Wages	38	95.0	376	72.4
Totals	40	100.0	519	100.0

X^2 = 9.8326. $p < .005$.

TABLE 34

Social Security Disability Insurance Status at Closure of Disadvantaged Disabled and Regular Disabled

Social Security Disability Insurance Status at Closure	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Not an Applicant	33	82.5	458	88.2
Allowed Benefits	2	5.0	35	6.7
Applicant Denied Benefits	5	12.5	26	5.0
Totals	40	100.00	519	99.9

X^2 - 4.067, not significant.

TABLE 35

Social Security Disability Insurance Status at Acceptance of Disadvantaged Disabled and Regular Disabled

Social Security Disability Insurance Status at Acceptance	Disadvantaged Disabled		Regular Disabled	
	Number	Percentage	Number	Percentage
Not an Applicant	35	87.5	469	90.4
Applicant Allowed Benefits	0	0.0	13	2.5
Applicant Denied Benefits	3	7.5	12	2.3
Applicant Pending	2	5.0	20	3.9
Totals	40	100.0	514*	99.1

*5 were unknown.
X^2 = 4.840, not significant.

is, having both 1) public assistance as their primary source of support, and 2) Eleven grades or less of education. The creation of the subgroup Disadvantaged is thought to be conservative for both selectors. Eleven grades of education is but one short of the nominal equivalence of high school graduation. It would normally be beyond the legal age for leaving school (16) and in general is every bit on the safe side. A case could be made that the tenth grade or even the ninth or eighth would be more indicative of the disadvantaged.

When using the second selector, primary source of support, we found that a very high percentage of the disadvantaged and chronic unemployed are on public assistance.

Twenty-three variables were examined in this project. Due to the ordinal and/or nominal categories and the small cells of some Tables, as well as having used two variables in selecting the subgroups, we could not run a proper test of significance on all twenty-three variables. However, nine did warrant usage of the chi-square test of significance. The variables used are listed below.

Used with Chi-Square	Used with No Test of Significance
Age	Referral Source
Sex	Education
Race	Major Disabling Condition
Marital Status at Referral	Primary Source of Support at Acceptance
Number of Dependents	Work Status at Acceptance
Time of Diagnostic Evaluation	Work Status at Closure
Time from Acceptance to Closure	Weekly Earnings at Acceptance
Previous Closure	Weekly Earnings at Closure
Did Client Obtain His Own Job	Social Security Disability Insurance at Acceptance
	Social Security Disability Insurance at Closure
	Type of Public Assistance at Acceptance
	Type of Public Assistance at Closure

Table 36 shows the nine variables to which the chi-square test of significance was applied and the level of significance found.

For purposes of clarification as well as ease in interpretation we have divided the twenty-three variables into four general groups as follows:

I. Social Characteristics at Acceptance

Age
Marital Status
Referral Source
Race
Sex
Number of Dependents
Education

TABLE 36

Variables	Level of Significance					
	N.S.	.05	.02	.01	.005	.001
Age					X	
Marital Status at Referral						X
Number of Dependents						X
Race	X					
Sex	X					
Time from Case Acceptance to Closure						X
Previous Closure					X	
Did Client Obtain His Own Job	X					

II. Economic Indicators

Primary Source of Support at Acceptance
Work Status at Acceptance
Work Status at Closure
Occupation at Closure
Weekly Earnings at Acceptance
Weekly Earnings at Closure
Social Security Disability Insurance at Referral
Social Security Disability Insurance at Closure
Major Previous Occupation
Type of Public Assistance at Acceptance
Type of Public Assistance at Closure

III. Placement

Did Client Obtain His Own Job
Did Client Have a Previous Closure

IV. Time in Rehabilitation System

Time in Diagnostic Evaluation--Pre-Service Status
Time from Acceptance to Case Closure

Looking more closely at the group, Social Characteristics, we see a profile of the Disadvantaged emerge. This profile shows the disadvantaged being referred by welfare, older in age, nearly as likely to be female as male, and not much more likely to be non-white than is seen in the Regular subgroup. They are either married or have broken marriages, have numerous dependents, lower education, and a traditional classification of physical disability.

From Social Characteristics of the Regular Disabled a profile appears showing referral by educational institutions or by self, a younger person, more apt to be male, and non-white in slightly smaller proportions than in the Disadvantaged subgroup. They will tend to have never been married, and those married will have few if any dependents. The Regular profile also shows a higher education level and Disabling Conditions of physical or mental.

On Economic Indicators the Disadvantaged profile shows that at acceptance none were working and no earnings were reported. Of those who had worked in the past odd jobs were their predominant medium of employment with service jobs being the alternative. They were denied Social Security benefits and were on public assistance.

The economic picture of the Regular subgroup at acceptance was in sharp contrast to that of the Disadvantaged. As primary source of support, family, friends, current earnings, interest and dividends accounted for 78% of the Regular group. Twenty-two percent were working, over 3% in professional and managerial positions. Another 19% were in school. Twenty-four percent had earnings, some in excess of $160.00 per week. Those in the Regular subgroup were much more likely to be allowed than disallowed Social Security benefits. Only 8% were receiving any type of public assistance.

We have just presented the economic characteristics of the two subgroups at acceptance. We can now contrast the economic situation of both by looking at their respective benefits--i.e., their positions upon leaving the Vocational Rehabilitation system. Though occupational mobility is not a perfect indicator of social mobility it is considered capable of telling us more about changes in social mobility than can any other single measure. A man's occupation is probably the best single indication of his socio-economic level.[18]

One hundred percent of the Disadvantaged subgroup were not working at acceptance but at closure 82.5% were working for wages contrasted to the Regular subgroup, where

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[18]U.S., Department of Health, Education and Welfare, Toward a Social Report (Washington, D.C.: Government Printing Office, 1969), p. 16.

22% were employed at acceptance but very few more were employed at closure than the Disadvantaged, 83.2% as to 82.5%. This at first appears to be a tremendous gain for the disadvantaged group especially when coupled with the higher wages earned at closure and the shorter time spent on rehabilitating them. It may be that a straight, economic cost-benefit analysis would shock the Rehabilitation agencies, for it could be that the disadvantaged would return a better ratio than the regular clientele. However, if the cost-benefit was to be widened to a cost effectiveness rather than the straight dollar benefits it might be a different matter.

Turning now to the type of placement at closure for both groups we see that the Disadvantaged are being predominantly closed into service-type jobs. It is questionable whether the Disadvantaged subgroup has been placed in a position of occupation or social mobility. Indeed, it appears that they may have been placed in a rigid economic class in which they are very apt to remain. Certainly it is a placement short of the maximum capacity of the individual that is part of the Rehabilitation philosophy. Few of the Disadvantaged were in school at acceptance and indications are that few are given schooling or even substantial training (the median time in the system for the Disadvantaged being but 5.25 months). More of these clients have seen previous service with the

Vocational Rehabilitation agency--indications of repeaters being put through the system more than once.

That more of the Disadvantaged had been previously closed from rehabilitation services is not surprising. It would be expected that when the Disadvantaged are put through the system with little time and agency resources expended upon them, and then placed in service occupations --giving many of them transitory employment--that they might appear at the agency door again.

The Regular Disabled clients were able to find a job by themselves more often than were the Disadvantaged. These placement factors support the pattern fit together from the social and economic variables.

There was no considerable difference in the two subgroups in time spent in Pre-Service Diagnostic Evaluation. There is however, a considerable difference revealed in the time from case acceptance to case closure. It is clear that the Disadvantaged are being rushed through with very little if any training taking place. It is, however, not so unexpected that different people receive different services. Those lacking a high school education can hardly be sent to college, nor can many of those without a high school diploma meet the entrance requirements of many training schools. When one is to be placed in a service occupation, though, little training is really necessary. Training of a nature that would lift one's

socio-economic status cannot occur in the time the Disadvantaged client is in the rehabilitation system. Median time for the Disadvantaged subgroup was 5.25 months and fully 82.5% of the group went through in nine months or less. Considering that only 46% of the Regular subgroup went through the system in the same length of time it is clear as to who was remaining in the system long enough to expend the monies for training, and who receives the all round socio-economic uplift derived therefrom.

This conclusion becomes even more apparent when we compare the 17.5% of the Disadvantaged subgroup that was in the system for ten months or more with the 53.8% of the Regular clients in the system for the same time period.

The Disadvantaged are in the system for less time (5.25 months as opposed to 10.9 months for the Regular disabled), are given less training, and are often placed in a waiting position such as services (especially for females) that will return a quick and sizable ratio on the rehabilitation investment. In this case higher weekly earnings at closure are returned for the Disadvantaged Disabled than for the Regular Disabled, a median of $66.00 as compared with approximately $63.00.

The lack of numbers in the Disadvantaged subgroup would indicate that there are few Disadvantaged being

serviced. That these clients simply are not making application can hardly be accepted in the light of Vocational Rehabilitation's commitment to active case recruitment as part of each counselor's job. It might be, though, that the counselors in their case recruitment activities are, for some reason, not finding the Disadvantaged clientele. Forty of the 559 case population were found to have eleven grades or less education while having public assistance as the primary source of support. If the educational criterion for selection into this group had been lowered to the Eighth grade or less only fourteen of the 559 would have qualified.

Our classification Social Characteristics shows that of the five Social Characteristics compared and a chi-square used, three of the five were statistically significant beyond the .005 level, while the other two were not significantly different. Of the remaining three social characteristics it was felt any test of significance on Referral Source would have been biased due to its close association with the operational selection criteria, primary source of support, as Welfare Agencies have been under a cooperative agreement to refer clients to Vocational Rehabilitation for over three decades. Education was also a criterion of selection. Disabling condition pointed out that those Disadvantaged being processed by Vocational Rehabilitation were the traditional physical cases rather than the much more difficult mental disabilities that are found in such

high incidence among the poor.[19]

The data indeed shows the differing amount of time spent in the rehabilitation system (acceptance of case to closure) by the two subgroups to be significant beyond the .001 level. The Disadvantaged were rushed through the system in less than half the time it took the Regular subgroup to complete services, Medians being 5.25 and 10.9. It might be noted that the national average time per rehabilitant is eleven months.

It was mentioned earlier that with a median time in case service of 5.25 months little training could take place and no large physical restoration expenditures were likely to occur for the Disadvantaged. Still, Earnings at Closure were higher for this group while placement was into service occupations that, if not transitory, are often precarious and are among the first to be cut back in any economic slump. Many such positions are also high on the list of displacements by automation. In fact, supporting the statement of short-term benefits for such placement was the higher incidence of returnees to Vocational Rehabilitation services among the Disadvantaged.

The data shows that only 7% of the 559 cases sampled fell into the category Disadvantaged. As discussed previously the definition of disadvantaged used is

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[19]Frank Riessman, Jerome Cohen, and Arthur Pearl, Mental Health of the Poor (New York: Free Press, 1964), pp. 88-109.

conservative, utilizing as it does eleven grades or less of education and public assistance as primary source of support.

Examining social, economic, time and placement factors we found a profile of the disadvantage emerging. The case data points out that vocational rehabilitation is accepting few of the disadvantaged because of the investment policy. Nonetheless those disadvantaged who are accepted are closed rehabilitated with surprising results.

Vocational Rehabilitation's goal of working with the socially and culturally disadvantaged, the poor, has not materialized. It appears that the investment policy as interpreted by the Vocational Rehabilitation counselor and operationalized under the pressure for case closures has resulted in goal displacement. The counselor has seen fit to work with those persons whom he feels can be readily and easily rehabilitated. This is congruent with the reward system. Maintenance of agency effectiveness measured in terms of the number of cases successfully rehabilitated appears to have become the end rather than the means to the announced goals. The following chapter will show how the agency structure, organizational characteristics, administrative policies and practices facilitate the cooptation of the counselor to fulfill the unstated, organization's goals.

CHAPTER VI

IMPLICATIONS OF ADMINISTRATIVE THEORY

Relations between clients and free professionals have often been studied while relations between clients and client serving organizations largely remain to be explored.[1] This chapter will attempt to apply administrative theory to a client serving organization-Vocational Rehabilitation, for the purpose of demonstrating how the organization's structure, authority, control process, socialization via recruiting, hiring and promotion practices as well as its methods of sanctions, delegation and departmentalization are supportive of client goal displacement. Then some reasons for goal displacement occurring in the vocational rehabilitation administrative practices will be treated, and lastly the specific methods by which goal displacement occurs will be examined.

Thompson[2] points out that much of the literature about organizations has been generated as a by-product of the search for improved efficiency or performance. Hence

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[1]Charles E. Bidwell and Rebecca S. Vreeland, "Authority and Control in Client-Serving Organizations," Sociological Quarterly, IV (1963), 231.

[2]James D. Thompson, Organizations in Action (New York: McGraw-Hill, 1967), p. 4-5.

it is not surprising that the literature employs closed-system assumptions--that is, employs the rational model of organizations rather than the open or natural systems approach. In the closed system--rational model--the ingredients of the organization are deliberately chosen for contribution to a goal while the structures established are those deliberately intended to attain highest efficiency.

This analysis looks at vocational rehabilitation organizations from both a closed and open systems approach, but with emphasis on the latter. The ingredients and structures are studied less for their contribution to attainment of efficiency than for the role they play in the displacing of the organization's broad-aimed goals by narrower and hence different goals.

Structure

Vocational Rehabilitation agencies emphasize a purposive formal structure, for vocational rehabilitation is an agency-centered profession. As a governmental agency all the rational/legal characteristics of Weber's Theory of Bureaucracy are present. There is a well-defined hierarchy of authority, a system of rules covering the rights and duties of employees as well as a system of procedures for dealing with work situations. Social roles are institutionalized and reinforced by legal tradition rather than by the cult of personality.

Rehabilitation agencies have a narrow span of control and a relatively flat hierarchy. There are basically three professional levels--counselor, supervisor and state office. There are four positions in the hierarchy beginning with counselor going up to supervisor to regional administrator to assistant director for field services to director.

The organization is typical line and staff with staff concentrated in the state offices.

While control, review, reporting and budgeting[3] are all quite highly centralized, Strader[4] found casework decisions in the agencies were almost fully decentralized with decisions being made by counselors. Smits,[5] in a study of supervisors in 32 state rehabilitation agencies reported finding a leadership pattern of high "consideration." That is, there existed a climate of good rapport and two-way communication between the supervisors and the counselors.

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[3]Jagdish T. Danak, "An Analysis of Managerial Aspects of Vocational Rehabilitation Counselor Positions in Selected States" (unpublished Ph.D. dissertation, University of Oklahoma, 1970), p. 55.

[4]Edward N. Strader, "A Management Analysis of Selected State Vocational Rehabilitation Agencies from the Perceptions of Their Supervisors" (unpublished Ph.D. dissertation, University of Oklahoma, 1970), p. 134.

[5]Stanley J. Smits, Leadership Behavior of Supervisors in State Rehabilitation Agencies, p. 46, Georgia State University, 1971, Final Report of Project no. 12-P-55151 (RD 3405-GA-70).

Functional Autonomy of Parts

An organization's parts may refer to the group structures or to the socialized members themselves.

When the parts of an organization have a high degree of functional autonomy there can be said to exist a low degree of system interdependence. Conversely when the parts of an organization are given little functional autonomy they can be said to have a high degree of system interdependence.

In vocational rehabilitation both the group structures and the individual members have low functional autonomy with a high degree of system interdependence; the groups, because of the short chain of command, short span of control and the fact that major money and service expenditures are tightly controlled from the state office. Budgeting is also quite centralized in practice if not in theory. Hiring practices differ with the size of the agency but all agencies keep a close eye on it at the top while many of the agencies still either hire at the top or insist on an interview. At any rate the top retains the right of veto.

To a great extent the individual counselor is often on his own. He may work out of a one-man office in a third-party setting. Such is the case where the counselor is the agency's representative in a school, in a small public health facility or even in some corrections

institution. In other instances two or three counselors will be found manning a small office with the supervisor located in a nearby city. Even the counselors working in the big city offices, with a supervisor in close physical proximity, are to a large extent on their own. That is, they deal with clients on a one-to-one basis and have been delegated the complete authority to accept or reject cases on their merits as they see fit. They will usually average one to three days out of the office per week depending on the type of caseload they carry and the distances involved. In this respect they also appear very autonomous.

However, notwithstanding the degree to which the counselor travels about and operates on his own, and the great amount of freedom and latitude he may display in his judgmental decisions, he is still very much tied in to, and under the control of an elaborate set of guidelines and rules as well as an extensive and comprehensive recording and reporting system. It is indeed of such nature that no supervisor need keep a close eye on a counselor, for a simple checking of the records will reveal what has been done and what is transpiring. This kind of tie continues, via the supervisor, to either the regional administrator, or in a small state, directly to the Chief of Field Services who is quite often an Assistant Director.

Authority

In addition to legal grounds, the formal organization has authority based on technical knowledge rather than incumbency in office. Very nearly everyone in the upper echelons has at one time been a counselor. The type of authority structure in vocational rehabilitation makes control relatively easy and minimizes possibilities for conflict.

One of the deepest tensions in modern organization stems from the conflict between line and staff. In the case of vocational rehabilitation however, all staff have been promoted out of the counselling ranks with virtually no lateral entry. Thus there is absent the basic ingredient for constant staff and line differences--uncommon knowledge backgrounds.

No conflict arises from the problem of exercising authority over unfamiliar specializations as those in authority have the same specialty as those over whom they are exercising authority. In turn this means that the authority figure does not have to impose any limitation on the criteria for inspecting and evaluating the performance of subordinates, for whatever they are doing he has at one time done. This means there can easily be exercised all the way down the hierarchy the closest and tightest of supervision. This has significance in light of control.

In staffing the organization, as the similar expertise carried by all persons in the administrative hierarchy coincides with the expertise being hired, there is absent the conflict that arises in organizations where authority is based on incumbency in office. This also makes possible a close supervision by the administrative hierarchy over recruiting and hiring of new personnel.

Authority as an Extension of One Man

There is precedent for considering the organization as the extension of one or a few men. If this were adequate a narrow focusing on personality variables could give an understanding of organizations. Personality variables while being inadequate for explaining the vocational rehabilitation organization are still more applicable than in many organizations due to two phenomenon that are operative in vocational rehabilitation. First is the recruitment policy and second is the organization structure itself.

Rehabilitation agencies have only recruited counselors. Program, not administration, is what the agencies have been concerned with and thus they saw and still largely see no need for recruiting personnel for supervisory, middle management, staff, or even top administrative posts. The idea prevalent in rehabilitation is that the administrative chief executive of the organization should always be a person who has at one time been a counselor.

And with the exception of Illinois, this has been the case. Recently, in three other states, the agency head has been brought in from outside the organization. During six weeks field studies in these three states the following conclusions can be drawn. As might be expected in an old inbred agency, there was much discontent over hiring an executive, a chief executive at that, who was little acquainted with the work done. It is suspected a good part of the shock was due to the breaking of nearly fifty years of tradition. The unhappiness and discontent seemed to be stronger the more removed one was from headquarters and strongest amongst counselors. For those Presthus[6] terms the "upward mobiles" this could only be seen as a direct threat to their ambitions. Of the three states, the two largest ones have yet to fully recover from the experience, while the one small agency has, apparently, with time, seen understanding and acceptance come about on the part of field staff.

In short the recruitment and promotion policy results in selecting people with similar personalities and education--persons from departments of counseling, psychology, or rehabilitation counseling. In turn these counselors, or similar backgrounds and personality, are insured by the organization's promotion practices that in communicating

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[6]Robert Presthus, Organizational Society (New York: Random House, 1962).

with those above them in the hierarchy they will be speaking with one of their own, one who has spent his life as a counselor and shares many similar perceptions and attitudes. In this sense the vocational rehibilitation organization is an extension of a few men. Those in the upper echelon of the organization, including the director, share the language and culture of the counselors.

The structure itself supports the idea of the organizations as an extension of a few men. The counselor is only three or four levels removed from the State Director. The pattern in large states is as follows: 'counselor to supervisor to regional administrator to chief of field services (who is an assistant director), to director. Minnesota, Texas, Oklahoma, Michigan, and California are examples of this structure.

In the small states there exists no position of Regional Administrator, so the assistant director for fields services will operate directly over the supervisor, who can easily and clearly get the word from up above to his counselors, with whom he is located and with whom he works personally. As organizations go, it is nearly ideal for control purposes. This is in stark contrast to many organizations that find it difficult to achieve adequate communication between socially isolated levels of authority.

How the Organization Controls Its Members

The power of an organization to control its members usually comes either from authority or personal qualities. A third source may be a combination of the authority and the personal quality.[7]

Authority can be illustrated by a department head issuing orders; personal qualities by the use of influence and persuasiveness. The influence type is almost always identitive and based on manipulating symbols. This manipulating of symbols serves to generate commitment to the person who commands it and he would be called an informal leader. In contrast, the authority approach may be either identitive, coercive or utilitarian. The person would be called an official. If the two are combined, the official and an informal leader, the result is what is known as the formal leader.[8]

In varying degrees the rehabilitation organization has built into and operating in it a ready-fused authority and personal-quality pattern. The authority springs from the fact of its being a relatively small governmental agency based on the legal-rational type of bureaucratic organization. In addition, the structure tends to be one

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[7]Amitai Etzioni, "Organizational Control Structure," in Handbook of Organizations, ed. by James G. March (Chicago: Rand McNally and Co., 1965), p. 659.

[8]Ibid.

with both a short chain of command and a moderately small span of control. Add to this an operation of close supervision based on an elaborate and comprehensive set of rules befitting a state and federal cooperating program, and you have abundant authority vested in the top directorate of the agency. For the coinciding personal quality, we need only to look at the experience and training of the administrative personnel. They are almost without exception all former counselors. In the case of the state director, this was a must until some very recent exceptions occurred. This tends to assure him of some influence and persuasion as he deals with persons below him. They know he knows or at least has known their job, for at one time he performed the very function they are now performing.

The director, who we might refer to as the chief counselor, gains additional influence by belonging to, and participating in, the same profession along with his workers. They will all belong to the National Rehabilitation Association and all subscribe to the Journal of Rehabilitation, though it will be from the administrators that the President of the National Rehabilitation Association is elected. Likewise the editorial committee of the Journal will rarely if ever have a counselor on the board. For professional meetings of rehabilitation personnel on the regional level, as well as the yearly state meeting, the administrators play the key, if not the largest role.

While the counselors may sometimes set up and run the show, it is nonetheless the key administrative personnel who really make it all possible. The selection of those who get to attend a regional, let alone a national meeting, is in the hands of the administrators, who thus reward the "good" counselors.

Indeed the organization is led and controlled by the formal leadership that fuses authority of office, with the personal qualities of influence and persuasion.

Bennis has pointed out that

> A pyramidal structure of authority, with power concentrated in the hands of a few with the knowledge and resources to control an entire enterprise was, and is, an eminently suitable social arrangement for routinized tasks.[9]

Vocational rehabilitation has fulfilled this to the point where they are taking in only certain types, while their selection out or virtual exclusion of others from being accepted for service has become a routine matter.

Authority and Control in Noninducting Organizations

Rehabilitation is a client serving organization. It is a noninducting organization. Noninducting organizations, such as a law firm or social service agency, do not induct clients into the organization. In contrast is the inducting organization such as the school or hospital.

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[9]Warren, Bennis, "Beyond Bureaucracy," Transaction, II, No. 5 (July-August, 1965), 31-35.

In the noninducting organization the client is a customer of the organization while a client of some of the staff. In an inducting organization the client puts himself into the hands of the organization rather than its professional staff.

As a noninducting type of organization two kinds of authority structure are possible according to the power of the professional cadre.[10] When the professionals are relatively strong a pure collegial authority structure occurs. Common examples are the legal firm or medical clinic. A hierarchic authority structure is said to occur when the professionals are relatively weak. This is the case in social service agencies and this is the case in vocational rehabilitation agencies. The administrators represent the goals and demands of the organization; the professional counselor represents the personal or occupational interests. In rehabilitation the professional tasks are given a narrow technical definition and are subject to specific rules of procedure.

Vocational administrators are drawn from the professional cadre, but the administrator, by occupational defection, loses some of his professional identity and hence access to solidary occupational incentives. However, in light of the weaker position of the professionals, these

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[10]Bidwell, "Client-Serving Organizations," 237.

incentives suffice. This is so because the principal means of control in a client serving organization is the use of solidary incentives.[11] These are centered upon professional values and commitments. Professionals respond to the solidary incentive of colleague esteem.

In client serving organizations adequate organizational performance is seen as competent professional performance. In short the professional staff are controlled by the blending of occupational social controls and organizational authority.

Control Achieved Through Structural Arrangements and Supervisory Style

Rosengren[12] found in a study of eighty large government psychiatric hospitals and 52 small private hospitals that maximum structural control (approximating that of bureaucratic organizations) was associated with limited employee control, while minimal structural control was associated with more pervasive employee control.

Applying his findings to rehabilitation agencies we readily see the high degree of structural control associated with limited employee control. The employees are scattered throughout the state, located in a small

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[11] Bidwell, "Client-Serving Organizations," 236.

[12] William R. Rosegren, "Structure, Policy and Style: Strategies of Organizational Control," Administrative Science Quarterly, XII, No. 1 (June, 1967), 140-164.

district office, usually with two or more counselors and one supervisor. The supervisor often will have as many as six counselors to supervise but hardly ever more than seven or eight.

With the increase in distance and isolation, control via structure is weakened. This is when control is achieved though supervisory style. Perrow[13] claims that high supervisory power, high interdependence of groups and high supervisory discretion characterize organizations dealing with unknown and unstable human materials and uses the illustration of the elite psychiatric agency.

A vocational rehabilitation district office could replace the elite psychiatric agency in Perrow's case. The supervisor in the district office carries a high degree of supervisory power, even though his unit has a low degree of functional autonomy. His power of supervision is practically all inclusive and quite discretionary. In some states even the long-tenured, well-experienced counselors must get the supervisors okay on all expenditures of any size as well as the okay for any change in a client's plan of services.

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[13]Charles Perrow, "Hospitals: Technology, Structure and Goals," in Handbook of Organizations, ed. by James G. March (Chicago: Rand McNally, 1965).

Role Conflict

Loyalty to Profession and To Organization

The conflict of loyalties among professionals as between the organization as it seeks to gain their loyalty and their loyalty to profession is a noted phenomenon. Argyris[14] refers to this as the fusion process, and defines it as the conflict between the realization of the organization's objectives, and making the organization the agent for the realization of personal objectives. The conflict between loyalty to profession or loyalty to organization is greatly reduced if not eliminated in vocational rehabilitation. How can a counselor say that he is quitting because he can no longer put up with the strain between the organization and his profession when everyone all the way to the top of the ladder belongs to the same profession? All the administrators are old counselors. It could be said, especially for first-line supervisors, that they are still counselors. That is, much evidence suggests that with their years of schooling and then working as a counselor, their promotion to supervisor does not make them a supervisor. This is compounded by the lack of state agency training programs for administrative personnel.

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[14]Chris Argyris, "Fusion of an Individual with the Organization," American Sociological Review, XIX (1954), 267-272.

In any case, the clear distinction between cosmopolitans and locals that Gouldner[15] makes does not apply to the Vocational Rehabilitations organizations. The strain exhibited in many organizations between those who are primarily oriented to their professional specialization--the cosmopolitan--and those who are primarily committed to their employing organization--the locals--is largely absent.

Indeed it can be said that in a state rehabilitation agency all personnel are locals and cosmopolitans but all had better first be locals. In rehabilitation there is only one loyalty, for organization and profession are the same. It is impossible to be loyal to your profession without first being loyal to your organization, since it is the organization that allows the professional to practice his profession. Little wonder then that one hears stressed so often the point that loyalty to the organization is what promotions should be and are based on.

Vocational Rehabilitation is an organization full of highly loyal people. Loyalty to the organization--to rehabilitation--takes on zeal and fervor of a near religious nature and expertise does not conflict, for it is caught up in the movement.

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[15]Alvin W. Gouldner, "Organizational Analysis in Sociology Today: Problems and Prospects," ed. by Robert K. Merton, et al., Basic Books, 1957.

Selection and Socialization of Counselors

A control structure is set up in any organization to insure certain performances are carried out satisfactorily. If the organization could recruit individuals who would perform as required automatically, or if the organization could so train and educate its members so they would perform properly without supervision, the organization would not need a structure of control. Of course, these two conditions are never fully met; however, these conditions are met to various degrees in organizations. To the extent that they are not met, there arises a need for rigid control in the organization because of the differences in the degree of selection and of socialization.

Etzioni[16] feels that the selection of personnel needs to be stressed, because the tradition in the social sciences has been to underplay its importance while stressing the importance of socialization. Because a high percentage of the deviant acts are committed by a small percentage of the participants, if these acts are screened out, control needs decline sharply.

The degree to which an organization selects its participants affects its control needs in terms of the amount of resources and effort that must be invested to

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[16]Etzioni, "Organizational Control," p. 655.

maintain the level of control considered adequate. In general, the more effective the selection the less need for socialization. In general the more effective socialization is, the less the need for supervision. Simon states that "By limiting the range within which an individual's decisions and activities are to lie, the organization reduces his decisional problems to manageable proportions."[17]

We can demonstrate how this operates by viewing the selection process of three types of organizations. The three types of organizations are the identitive, the coercive and the utilitarian.[18] Rehabilitation agencies are most like the utilitarian.

The identitive type organization is the most successful in terms of socialization. It is more selective than the coercive and less selective than the utilitarian. Colleges and universities are an example of this type of organization. The universities' success at socialization has been written of in numerous studies that point out the great amount of difference of the values, attitudes and views between the liberal arts graduates and the technical graduates. We know for example that the freshman coming into college will be much more liberal when he leaves

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[17]Herbert A. Simon, Administrative Behavior (2d ed.; New York: Free Press of Glencoe, 1957), p. 199.

[18]Etzioni, "Organizational Control."

college in his attitudes of race, prejudice, isolationism, and political activities in general.

Coercive organizations are the least selective, in many cases accepting everyone sent to them. Prisons are an example of a coercive type organization. Prisons also demonstrate the point that organizations which are not selective must invest a large amount of resources and effort to maintain the level of control desired.

Utilitarian organizations are highly selective. They utilize formal mechanisms such as examinations and psychological tests to make recruitment as effective as possible. Utilitarian organizations tend to delegate socialization to such organizations as vocational and professional schools while preferring to carefully select already socialized persons rather than to put out the effort needed for their socialization.

Rehabilitation agencies are utilitarian organizations. They have preferred to leave much of the socializing up to the University departments from which they hire. Traditionally this has been the counseling and psychology departments with fewer numbers coming from sociology and a few from the other social sciences. The agencies utilize formal counselor examinations prior to placement in the organization.

In order to meet the manpower needs of vocational rehabilitation agencies Congress provided for training

grants in the vocational rehabilitation act amendments of 1954. Public Law 565 provides for grants to support the training of more professional personnel for rehabilitation services including long-term training grants to educational institutions and rehabilitation agencies for support of basic or advanced professional training.

Immediately following passage of Public Law 565 universities with the aid of their state agencies began securing funds to establish programs offering the M.A. in rehabilitation counseling. By 1957 more than 30 universities had developed graduate programs in rehabilitation counseling. Today some 67 of these programs are in operation across the nation. In every state at least one major institution is involved in teaching and preparing individuals for placement in state rehabilitation agencies. All of these schools coordinate to various degrees with the state agency which in turn helped secure and presumably retain the grant. That many of these programs in rehabilitation counseling have some staff--even program heads that have at one time worked in a rehabilitation agency--only facilitates the socialization process prior to employment. McGowan[19] reports that 85% of the directors of these university rehabilitation counseling training programs

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[19]John F. McGowan and Thomas L. Porter, An Introduction to Vocational Rehabilitation (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1967), p. 158.

received their graduate training in an area of psychology.

Along with this has gone the increasing number of states requiring a Masters degree for entry into the organization. There are rehabilitation agencies that look to the M.A. programs in rehabilitation counseling to prepare (socialize) the individual so that he knows the program and can do the job he is hired to do without having to retrain him. An example of this is an agency from the west coast which recruits at Oklahoma State University because that program puts out a person who is ready to go to work. The head of the program at OSU is himself a former counselor with the Texas Rehabilitation Agency.

If it holds that the amount of control needed to obtain a given level of effectiveness is lowered when selectivity and socialization are both higher, then rehabilitation agencies should be operating with much effectiveness and little conflict.

Argyris in a 1958 study found that the input of the hiring process is a clearly defined set of formal behavioral sequences where all applicants are evaluated for possible admission to the system. This process is controlled by the top officers, and more importantly, as a result of the hiring process, personality characteristics of a majority of the employees cluster around a clearly

definable set of underlying, latent predispositions.[20] This is all done to obtain a given level of effectiveness. Later, in his study of the Foreign Service, Argyris showed how the norms of the organization and the values of the recruit, coalesce and reenforce each other if you select persons already well socialized.[21] Vocational Rehabilitation selects persons already highly committed to the norms of rehabilitation, so the organization and its membership are strongly welded together. Indeed the combination is so powerful we would suspect that it makes changes in goals or organizational structure and processes very difficult.

Goal Displacement

An Overview

The organizational phenomenon of goal displacement is perhaps the most frequently noted pathological aspect of large-scale organizations. Philip Selznick, for example, calls it "the organizational paradox." He notes that because of this phenomenon organizational frustration is a persistent characteristic of our time.[22]

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[20]Chris Argyris, "Some Problems in Conceptualizing Organizational Climate: A case study of a bank," Administrative Science Quarterly, II, No. 4 (March, 1958).

[21]Chris Argyris, Some Causes of Organizational Ineffectiveness in the Department of State (Washington, D.C.: Government Printing Office, 1969).

[22]Philip Selznick, "An Approach to a Theory of Bureaucracy," American Sociological Review, VIII (1943), 49.

Others that have noted and studied this phenomenon of goal displacement in large-scale organizations have been Robert Michels in his study of political parties wherein he states that "from a means organization becomes an end; henceforward the sole preoccupation is to avoid anything which may clog the machinery."[23] Robert Merton analyzes goal displacement in his work[24] and S. D. Clark noted it in his study of the Salvation Army of Canada wherein he states that as the army grew its leaders devoted increasing attention to the problem of maintaining the organization. A disproportionate share of their energies were devoted to problems of administration and finance even to the extent of giving up evangelical work in some areas where there was not deemed to be support for a local organization.[25]

Selznick has formulated the problem as follows:

> Running an organization as a specialized and essential activity generates problems which have no necessary and often an opposed relationship to the professed or 'original' goals of the organization. The day-to-day behavior of the group becomes centered around specific problems and proximate goals which have primarily an internal relevance. Then, since these activities have come to consume an increasing proportion of the time and thoughts of the participants, they are,

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[23]Robert Michels, Political Parties (Glencoe, Illinois: Free Press, 1949), p. 373.

[24]Robert K. Merton, Social Theory and Social Structure (Glencoe, Illinois: Free Press, 1949).

[25]S. D. Clark, Church and Sect in Canada (Toronto: University of Toronto Press, 1948).

> from the point of view of actual behavior substituted for the professed goals.[26]

The problem of preserving organizational goals is perhaps sufficient to suggest its near universality. The problem is mentioned so often and the deleterious effects of goal displacement have been so frequently described that the question inevitably arises as to how large-scale organizations are able to make progress toward their professed goals.[27]

Organization Dysfunction

> Organizations usually exist as means to accomplish ends; theoretically, at least, they are created for purposes other than their own existence. Once established, however, self-preservation is added to the original goals along with additional purposes more or less obscure. However, the initial goals of an organization are usually vague and subject to various interpretations and there is a tendency, or should we say, there follows a tendency to displace ends with means. This is common in all large scale organizations. The common criticism of administration for administration's sake is so well justified by research finding that it should be clear to bureaucrats that improvement can result from emphasizing goals as foremost in importance to administration.[28]

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[26] Selznick, "An Approach to the Theory of Bureaucracy," 48.

[27] David L. Sills, The Volunteers (Glencoe, Ill.: Free Press, 1957), p. 64.

[28] Chester A. Newland, "Current Concepts and Characteristics of Administration," Child Welfare, XLII, No. 6 (June, 1963), 274.

Blau and Scott state that

> Professionalism is characterized by primary duty to client, authority based on knowledge and checks by the profession. Bureaucracy on the other hand, is characterized by primary duty to the organization, authority based on hierarchical sanctions, and checks by management.[29]

Goal oriented administration holds the greatest promise for avoiding the persistent bureaucratic tendency to displace ends with means. However, the authoritativeness of goals varies from organization to organization. They are, however, seldom clearly stated in any governmental organization. It follows that with ill-defined, unclear goals and with a constant tug between the profession and the bureaucracy, it is not so astounding that the bureaucracy often prevails bringing about goal-displacement. That is, in the contest between the requirements of the profession and the bureaucracy, the bureaucracy prevails.

While the goals of vocational rehabilitation are quite clear in broad terms, the operational means for achievement of these goals is not clearly spelled out. Probably in no other organization is so much authority and decision-making power over choice of clientele delegated to the lowest echelon of the organization--the counselor.

The rehabilitation bureaucracy insists on measuring the counselor's effectiveness by the single tangible

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[29]Peter M. Blau and Richard W. Scott, Formal Organizations (San Francisco: Chandler Publishing Company, 1962), pp. 244-245.

criterion of numbers of persons rehabilitated. The counselor operationalizing the eligibility criterion of feasibility decides which applicants will be accepted or rejected for services. The counselor caught in a conflict between what is best for someone who needs services, and what is best for himself and the agency opts for a tangible result--selecting for services a person who will readily and easily result in a rehabilitated case.

> The activities needed to promote organizational equilibrium, survival, and growth tend to be more tangible and more easily comprehended than the activities necessary for the accomplishment of the ultimate goals professed by the organization.[30]

Organizational Reasons for Displacement

Many decisions in organizations are made in the context of uncertainty and this is uncomfortable for people.[31] There is a tendency to dispel the uncertainty that accompanies intangible goals by accepting and fulfilling the more tangible traditional and less risky goals.

Korman[32] has offered the following hypothesis regarding the nature of work behavior: "All other things

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[30]Donald R. Cressey, "Prison Organizations," in Handbook of Organizations, ed. by James G. March (Chicago: Rand McNally, 1965), 1037-1038.

[31]Daniel Katz, "The Motivational Basis of Organizational Behavior," Behavioral Science, IX (April, 1964), 137.

[32]A. K. Korman, "Toward an Hypothesis of Work Behavior," Journal of Applied Psychology, LIV (1970), 31-41.

being equal, individuals will engage in and find satisfying those behavioral roles which will maximize their sense of cognitive balance or consistency." It is the lack of congruence between the role performance, called for by the intangible goals and the role performance that is sanctioned by the organization that causes the displacement of intangible goals. This in turn causes conflict within the organization. The socialization process in the organization aims at minimizing this conflict by aiding the counselor as he grapples with the diverse goals by pointing up the sanctions accompanying success or failure of each objective.

Warner and Havens[33] account for this tendency of intangible goals to be displaced by tangible goald of system maintenance as due to:

1. lack of knowledge and skill in organizational design and implementation of goals
2. It is costly and risky to change the system and the organization is not willing to bear the cost or risk
3. It is unnecessary, since organizational maintenance and the pursuit of various practical and useful projects are all that is essential to what is judged to be the success of the system.

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[33]W. Keith Warner and A. Eugene Havens, "Goal Displacement and the Intangibility of Organizational Goals," Administrative Science Quarterly, XII, No. 4 (March, 1968), 550.

Rewards and punishment are used to obtain desired behavior from individuals. Vocational Rehabilitation uses the number of cases closed to evaluate their counselors and the individual counselor seeks to ensure that such evaluation leads to favorable sanctions. He can ensure this by making his quota of closures.

An extra positive organizational sanction is the receipt of the century award--100 closures in a year. What the organization sanctions tends to be what the organization feels can be evaluated, and what can be evaluated tends to be what is visible, tangible, and measurable.

Indeed the system of sanctions is a main reason for goal displacement and that to the extent which organizational goals and sanctions do not coincide, the sanctions will provide a better basis for predicting the action of the organization or its personnel.

Evaluations, rewards, and sanctions cannot be completely understood without reference to the hierarchy administering them. Sanctions flow downward more than upward as the evaluations operate such that the lower levels of the organization are evaluated by the higher levels. Thus we see that while it is through the delegate's actions that goal displacement is acted out the delegate has little control over goal displacement occurring. This control rests up in the hierarchy of the organization where the evaluations and sanctions are agreed upon. The sanctioners

are often unwilling to spend enough of the organization's resources to develop instruments for measuring the programs of activities constituting the intangible goals of the organization.

This is clearly demonstrated in the 52 years of the Vocational Rehabilitation programs. While it is known as the most comprehensive and complex program servicing people, it has never measured output other than by quantity. The reason given is that social change within the system cannot be measured; that it is only the finished product that can be evaluated, and that quite easily, simply being the volume or number rehabilitated. In fairness it should be pointed out that the scholars and researchers have been of little help to public organizations grappling with the problems of measuring intangible goals. The journals are replete with instances of measuring the obvious and failing to even attempt to measure the less obvious. One recent example puts it thusly: "Because of obvious measurement problems associated with implicit benefits only explicit benefits will be used to calculate private benefits to the trainees."[34]

Indeed, cost-benefit measures on social programs have rarely considered anything other than the obvious

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[34]Loren C. Scott and Paul R. Blume, "Some Evidence of the Economic Effectiveness of Institutional Versus on-the-job Training," Social Science Quarterly, LI, No. 4 (March, 1971), 910-923.

tangible measures of the program.

Goal displacement occurs through records and reports submitted to other echelons of the organization or to the sponsors, the public or clients. These tend to report concrete statistics or case examples, rather than intangible achievements.[35] Vocational Rehabilitation reports are replete with case examples and concrete statistics. On statistics it has been said that Vocational Rehabilitation is the only health related agency that has collected enough concrete statistics to allow a cost-benefit analysis study to be done.[36]

Vocational Rehabilitation agency personnel of course argue that they need numbers and must talk in terms of numbers if they are to continue to get support for the program. Others have claimed that "administrators know from experience that facts and figures count much more heavily than subjective impressions and claims."[37]

In the case of Vocational Rehabilitation it is highly doubtful that this holds true. At least the penchant for concrete statistics and case examples have never appeared to have positively helped the funding of any state Vocational

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[35]Warner and Havens, "Goal Displacement."

[36]Mangum, p. 41.

[37]Roy G. Francis and Robert C. Stone, Service and Procedure in Bureaucracy: A Case Study (Minneapolis: University of Minnesota, 1956), p. 135-136. Also Harry Cohen, The Demonics of Bureaucracy: Problems of Change in a Government Agency (Ames, Iowa: Iowa State University Press).

Rehabilitation program. For throughout the history of state programs there has been a persistent trend of state agencies failing to match federal appropriations for Vocational Rehabilitation services.

In Vocational Rehabilitation the control and evaluation are based on 1) how many clients have you produced as rehabilitated and 2) how many clients do you have in the system (counselor caseload) and how are they progressing. Caseload management systems are becoming more a concern of administrative and supervisory persons in rehabilitation as they come to realize its importance in production. You simply don't get large numbers of rehabilitants if you don't keep moving the people through the various statuses within the system. Both of these measures are highly tangible though how many a counselor may move or how far they may progress along the system is not counted in the counselors work evaluation, or reward as it is only the number that is carried through to success-rehabilitated employed that is counted. Organizational design also aids in displacing goals.

Program planning and rule making are both geared largely to past experience and administrative expediency, and help facilitate goal displacement. In theory, plans and rules are to facilitate goal attainment, but in practice, tend to facilitate the maintenance of the organization.

In Vocational Rehabilitation the displacement by actions, records, reports, plans and rules could be called a displacement by default, for it derives from a lack of rigorous means-ends design.

If Vocational Rehabilitation was to broaden its measurement and reward system to allow counselors credit for quality work done with persons in the system and even award partial credit for "failures" - those not completing services - or in essence design the reward system, the reporting system, the records plans and rules with the means being fit to the end then an entirely different end could result.

Custodial functions tend to displace treatment or rehabilitative functions in such organizations as prisons, juvenile delinquency institutions, and mental hospitals.[38]

Likert has demonstrated that organizational productivity can displace organizational maintenance functions where productivity is the tangible measure and maintenance functions the intangible.[39] Though this occurred in business, Warner and Havens suggest that goal displacement

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[38] D. Katz and R. L. Kahn, "Leadership Practices in Relation to Productivity and Morale," in Group Dynamics: Research and Theory, ed. by D. Cartwright and A. Zander (Evanston, Illinois: Row-Peterson, 1953).

[39] E. A. Shils and Morris Janowitz, "Cohesion and Disintegration of the Wehrnact in World War II," Public Opinion Quarterly, XII (1948), 280-315.

will be more prevalent in development organizations, voluntary associations and public bureaucracies than in business and industrial firms.[40]

Role of the Individual in Goal Displacement

Specifically, goal displacement takes place through the actions of the members of the organization in the following ways:[41]

1. Their status within the organization
2. Their interpretation of the organizational rules
3. Their execution of organizational procedures
4. Their relationships with other participants
5. Their relationships with the public in general.

Status Within the Organization

Goal displacement occurs in the process of delegation itself, as the very individuals whose actions modify the goals of an organization are those same individuals to whom authority and functions have been delegated. In essence, goal displacement takes place as a result of the action of the delegate taking on an increasing internal relevance as contrasted to having a direct relationship to the goals of the organization.

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[40]H. Rosen, "Managerial Role Inter-action: A Study of Three Managerial Levels," Journal of Applied Psychology, XLV (1961), 30-34.

[41]David Sills, The Volunteers (Glencoe, Illinois: 1957), p. 64.

The process of goal displacement can be observed by noting the actions of delegates as they relate to various organizational functions. First, their status within the organization--that is, the status of the individual employee within the organization causes or can cause goal displacement. The desire of the employee is to maintain his position and advance his career as Selznick states it:

> The employee's interest in the ultimate purpose of the organization or in the common good becomes subordinated to the employee's preoccupation with the problems involved in the maintenance of his post.[42]

Interpretation of Organizational Rules

Secondly, goal displacement can occur in the interpretation of organizational rules. Rules are, of course, an absolute necessity for the efficient day-to-day conduct of any organization, but the rules governing an organization can also serve as a source of goal displacement. This is most prevalent when the underlying reason for having the rules are buttressed with sentiments so that this desire for rules and their strict adherence becomes more intent than is technically necessary. While a strong sense of obedience to rules may often be necessary to protect the organization from a few irresponsible members,

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[42]Philip Selznick, "An Approach to a Theory of Bureaucracy," American Sociological Review, VIII (1943), 52.

nonetheless the sentiments may simultaneously bring about a condition wherein other members of the organization overly concentrate upon minute details involved in abiding by the rules to an extent that the aims of the organization become smothered.

Peter Blau[43] observed among government employees a tendency for the objectives of rules to become displaced by the techniques designed to achieve them.

Merton[44] points out a bureaucracy, public or private, encourages its members to adhere strictly to rules and regulations. It follows that goal displacement occurs in the body of the organization as well as at the top. It occurs in Vocational Rehabilitation by the counselor applying rigidly the feasibility criterion (of successful employment) while playing down or ignoring other considerations.

Execution of Organizational Procedures

Thirdly, goal displacement occurs in the very execution of organizational procedures. For many human beings in an organization the procedures involved in running the organization come to assume greater importance than the initial goals themselves or as Selznick refers to it "the

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[43]Peter M. Blau, The Dynamics of Bureaucracy (Chicago: University of Chicago Press, 1955), pp. 191-193.

[44]Robert K. Merton, Social Theory and Social Structure (Glencoe, Ill.: The Free Press, 1957), p. 197 ff.

procedures come to be 'substituted for the professed goals'". Robert Merton has noted that through a process which he calls sanctification, a substitution of approximate goals for professed goals occurs.

> Through sentiment formation, emotional dependence upon bureaucratic symbols and status and effective involvement in spheres of competence and authority, there develop prerogatives involving attitudes or moral legitimacy which are established as values in their own right, and are no longer used as merely technical means for expediting administration.[45]

It has been shown that ceremonialism as well as ritual, while helping to maintain morale in the Navy also "became an end in itself at the expense of the organization's capacity to perform efficiently its manifest functions."[46] Dimock has noted that traditionalism serves to impede an organization from selecting the most expedient procedures for achieving its goals.

> The older an institution becomes, the more settled its mold and procedures are likely to be. Traditions are hallowed. Ways of doing things take on a reverence which defies successful change even when they may have been quite accidental in the first place or when much better methods have been discovered. Institutions are conservative in the extreme.[47]

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[45]Merton, Social Theory and Social Structure, p. 157.

[46]Arthur K. Davis, "Bureaucratic Patterns in the Navy Officers Corp.," in Reader in Bureaucracy, ed. by Robert K. Merton, Alisa P. Gray, Barbara Hockey, and Hannan C. Selvin (Glencoe, Ill.: Free Press, 1952), p. 392.

[47]Marshall E. Dimock, "Bureaucracy Self-Examined," p. 401.

It was earlier pointed out that vocational rehabilitation is one the original grant-in-aid programs. Now in its fifty-second year of operation, it has had ample time to develop a hallowed tradition and a settled mold.

Sanctification of the tradition of working only with those who were highly motivated to help themselves has prevented vocational rehabilitation from acting upon the turbulent social issues in America. Holding to the traditional interpretation of eligibility, employment feasibility, and physical and mental disability vocational rehabilitation agencies have largely continued to ignore the needs of the socially and culturally disabled population.

It is unfortunate that individuals who are vocationally handicapped by the various conditions of social disadvantage must be "diagnosed" as suffering from a behavior disorder to be eligible for service. It seems particularly unfortunate to stigmatize as behavior-disordered an individual whose "deviant behavior" is an inability to hold a job because his schooling stopped at the second grade.[48]

Relationships with Other Participants

Fourthly, goal displacement can occur in the delegates relationships with other participants.

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[48] Report of the National Citizens Advisory Committee, p. 29.

It has long been recognized that the informal structure within an organization is essential for the effective operation of the formal structure itself. This necessity has been summarized by Selznick as follows:

> The informal structure will be at once indispensable to the consequential for the formal system of delegation and control itself. Wherever command over the response of individuals is desired, some approach in terms of the spontaneous organization of loyalty and interests will be necessary. In practice this means that the informal structure will be useful to the leadership and effective as a means of communication and persuasion. At the same time it can be anticipated that some price will be paid in the shape of distribution of power or adjustment of policy.[49]

An organizational uniqueness in Vocational Rehabilitation is that the agency while having much formal control, could be said to have much less informal. That the paperwork forms, and cases can be looked at and are looked at and checked over by the central office is true. But, as each little unit--and each state agency is comprised of hordes of little units--consisting of a supervisor and four to eight counselors geographically out on its own and the central office has limited ways of checking on subjective as contrasted to objective work, feasibility is really exercised by this little informal group. This highly subjective decision making--choice of clientele--is much removed from state agency headquarters and that unit may

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[49] Philip Selznick, T.V.A. and the Grass Roots (Berkeley: University of California Press, 1949), p. 251-252.

well set what it considers to be its own norms on the subjective part of its "work requirements" while meeting the norms on the objective part of its work, the norms set by the state headquarters, that is numbers of cases closed.

The counselors own set norms on the subjective in actuality seldom depart far from that which the reward system of the hierarchy recognizes as proper.

The counselor becomes content to see his work in terms of numbers of cases closed rehabilitated even though there are among those cases few of the socially and culturally disadvantaged.

Relationships with the Clientele Public

A fifth way in which goal displacement may occur is through the delegate's relationship with the public. Any large-scale organization which provides services must of necessity establish contact with members of the public. Contact with members of the public is usually a delegated function. One that is generally delegated to the individual on the lowest level of the organization. From these interpersonal relationships there are a number of characteristics which may lead to the displacement of goals. First are the problems which emerge from the status of the organizational member vis-a-vis the status of the people with whom he comes in contact. Merton[50] notes that particularly in government

[50]Merton, op. cit., p. 158.

organizations the status of the individual within the organization may not be commensurate with his status in relationship to the public whom he serves and further that this may lead to an actually or apparently domineering attitude which interferes with the performance of his job.

While vocational rehabilitation counselors can hardly be said to be domineering it can be said that there is a certain amount of paternalism inherent in their outlook. Keith-Lucas analyzed the political theory in social casework.[51] and found that there are two general philosophies toward people in need. One holds that all men are rational beings who should be allowed to make decisions for themselves and that social service should be provided only if it is wanted. The second is paternalistic in nature with the caseworker often making decisions--on behalf of society--for the individual. An example of this is the welfare administrator deciding whether or not a client should receive a particular service.

In this light there can be little doubt as to rehabilitation paternalistic nature. In dealing with the public assistance recipient--the poor, the unemployed and subemployed who often constitute the disadvantaged, vocational rehabilitation is paternalistic. The purpose of vocational rehabilitation is to develop and restore the

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[51]Alan Keith-Lucas, "The Political Theory Implicit in Social Casework Theory," American Political Science Review, XLVII (December, 1953), 1076-1091.

ability of disabled persons to work. The feeling is inherent that they should be working, that they should be off welfare. With all cases the extent that the counselor's viewpoint prevails over the client's desires, paternalism exists. In any case it is not the client that determines the professional services to be offered.

Basic to all rehabilitation is the assumption that the handicapped person has within himself the potential for his own self-improvement and that, given the appropriate incentives and circumstances, he will be motivated to accentuate the constructive, life embracing aspects of his own personality.

However, this assumption is not held to be true for the socially disadvantaged. Rather, those in vocational rehabilitation appear to believe that they know what is best for the client and that it is he who must change in order to fit the system, rather than the system adjusting to fit his needs. Agencies need to become more aware that they are client serving agencies, and cannot expect the client to adjust to them. Until this occurs the bureaucratic professional structure of most agencies will remain in certain respects unsuited for the vocational rehabilitation of the disadvantaged, and goal displacement will continue.

CHAPTER VII

CONCLUSIONS

In any organization constraints can lead to undesirable, unanticipated consequences. The most frequently cited disadvantage arising from organization rules and procedures is the phenomenon known as displacement of goals or internalization of rules. The purpose of the rules is ignored or forgotten and primary emphasis is placed on adherence and compliance to the rule itself.

As Etzioni[1] has pointed out, organizations are social units which are created to pursue or carry out specific goals. In accomplishing the purpose for which they were created, organizations also acquire their own needs. Sometimes these needs become the master of the organization, rather than its servant. Severe organization distortion, known as goal displacement, occurs when the legitimate goals or purposes of an organization are replaced by other goals for which the organization was neither created nor is currently maintained.

All public organizations are constrained in efforts to achieve their recognized goals not only by internal

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[1]Amitai Etzioni, Modern Organizations (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964).

limitations, but also by the social and political environment within which every organization and its members must exist. Thus, it can be argued that while vocational rehabilitation has excluded many of the disadvantaged who are legally eligible for rehabilitation services on the basis of "unfeasibility," such exclusion is essential to the organization's survival and continued growth.

The vocational rehabilitation goal of rendering employable those disabled persons who are handicapped in their efforts to secure and hold employment has been displaced by a need of the organization. The need we refer to here is the need of Vocational Rehabilitation for successful rehabilitations (closures) of sufficient numbers to justify continued funding at either present or higher levels. One means of satisfying this organizational need is to exclude potential clients who are seen as potentially difficult to place--the disadvantaged. In short, the organization's need has become its master.

Blau, in his studies of a public employment agency, found that the emphasizing of a single criterion of performance, which vocational rehabilitation does as we have pointed out throughout this paper, directs personnel away from the attainment of the overall goal of the agency.[2]

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[2]Peter M. Blau, The Dynamics of Bureaucracy (Chicago: The University of Chicago Press, 1955).

In vocational rehabilitation the emphasizing of a single criterion for measuring performance--placed in employment--has brought the counselor to select out as an unwise investment for rehabilitation the disadvantaged disabled; this notwithstanding the disadvantaged are the very group that by incidence of disability and handicap should make them place high on the list of persons rehabilitation could be rendering employable and employed.

The pressure for successful closures (employed), often accompanied by an imposition of quotas of closures and in conjunction with the preconceived ideas of difficulty of getting much return on the disadvantaged, has helped bring about a dysfunctional goal displacement in vocational rehabilitation.

That vocational rehabilitation has remained largely unwilling to expand into the so-called War on Poverty is seen in other actions or lack of action. The utilization of Status 04 (six months) and Status 06 (up to eighteen months) extended evaluation to take in the more serious cases has not really materialized. This could have been a way to serve the hard core poor and many others with real severe needs. However no state has utilized these two new statuses except in a most minor way. It is not fully clear why but there is no doubt that for a counselor to put many cases of his current load into limbo would directly cut down on his number of closures at least in the first year.

And number of cases closed is the criteria for the evaluation of counselors.

The investment theory calls for the acceptance of low risk high return clients to be put through the system for purposes of showing a good return on investment which can be used by the agency to gather legislative support for the program. As currently implemented, however, the investment policy has been quite successful in excluding the disadvantaged disabled client from the rehabilitation system. Only 7% or 40 of the 559 cases reported in this study represented the disadvantaged.

As is evident from Chapter V client selection is taking place and a disporportionately small number of the disadvantaged clients are being accepted for vocational rehabilitation services even though a much larger number are eligible for such service as demonstrated in Chapter IV. This is based on the findings in Chapter IV that the disadvantaged clients experience a relatively high incidence of disabilities which tend to compound their employment handicaps. Thus, although eligibility by reason of disability and handicap is clearly established, rehabilitation services are frequently denied based on the third criterion - feasibility.

In effect, the investment theory, as interpreted by rehabilitation counselors, emphasizes quick and inexpensive or easy closures for maximum economic return.

Counselors and other rehabilitation agency personnel generally view the disadvantaged person as one who can be neither quickly nor easily rehabilitated, and one whose potential for "payoff" to the state or nation's economy (return on investment) is minimal at best.

> The process of assisting the socially disadvantaged . . . is long and difficult. Jobs attained by socially disadvantaged clients generally are poorly paying and of low level despite the extensive period of time required in the provision of vocational rehabilitation services.[3]

The purpose behind this study was to enable us to estimate what services were provided each group of individuals as they passed through the rehabilitation system; and, more importantly, to ascertain if the percentage of placements and amount of earnings at closure were less for the Disadvantaged Disabled than for the Regular Disabled. A placement and earnings level for the disadvantaged that was significantly below the placement and earning level of the regular group would be expected, as the investment theory has tended to exclude the disadvantaged on the grounds that they were unfeasible, that is, a high risk on a low possible return. The disadvantaged are seen as much more difficult to rehabilitate and less likely to find employment. It is also thought that employment, if found, would provide small economic return.

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[3]David G. Houston and Jerry Finley, Rehabilitation v. Poverty, Final Report, Project 1250-64-5 (Jefferson City: Missouri State Department of Education, 1969).

The data in Chapter V show that the two very different groups studied received different types of services. The disadvantaged group on the whole spent more time in the diagnostic phase, meaning that the collection of medical and other pertinent information used in determining eligibility prior to acceptance into the system took slightly longer for the disadvantaged groups than for the regular group.

However, once accepted, the disadvantaged were processed through the rehabilitation system in less than half the time it took to put the regular group through the system. The time spent in the rehabilitation system by the disadvantaged group was so short, as to virtually rule out any extensive period of training or physical restoration--both large items of expenditure in any rehabilitation agency.

The Regular Group was more quickly found eligible for service (time in diagnostics). However, they spent much more time in the rehabilitation system than did the Disadvantaged Group.

Though the two study groups were given different types of services a payoff emerges for both groups that is remarkably similar. Contrary to what the investment policy and theory as set forth and practiced by agency personnel would lead us to expect, the Disadvantaged Disabled group and the Regular Disabled group had similar

percentages placed in employment for wages at the closure of rehabilitation services. While more of the Disadvantaged Disabled group were in sheltered workshops, there were also more Disadvantaged Disabled self-employed.

Earnings of the two groups at closure from the rehabilitation system are not significantly different statistically. Surprisingly, it was the disadvantaged group that had the highest median wages at closure. Again, this is contrary to what could be expected to follow from the precepts and practices underpinning the investment policy.

Considering that none of the disadvantaged group were employed when accepted for rehabilitation services while twenty-two percent of the regular group were employed, it follows that the disadvantaged clients are actually paying off more handsomely on the investment than are the regular clients.

It seems in order to point out to those in policy making positions in state vocational rehabilitation agencies as well as those policy makers in the Federal Social and Rehabilitative Services Administration and the Rehabilitation Services Administration that the policy of investment as currently operating within the federal-state program of vocational rehabilitation is performing a dysfunctional service; i.e., that it is effectively excluding many of the disadvantaged from being served by the

state rehabilitation service. If vocational rehabilitation is going to effectively join the war on poverty, or even aid in solving the serious social problems of the disadvantaged of the country, there must first be a serious reconsideration of the investment policy and the way in which it is implemented.

It might also be pointed out that though the traditional way of evaluating vocational rehabilitation counselors has been primarily by the number of successful closures obtained each year, professionals in the field of rehabilitation have long recognized the inadequacy of the present reward system. The need for a reward system that would allow the counselors to be credited for serving cases of different relative levels of difficulty and complexity has been noted. "We recommend that the Rehabilitation Services Administration take immediate steps to devise a more equitable system for giving counselors credit for their work."[4]

A broader based, more equitable alternative for evaluating counselor success and agency effectiveness would be to determine client improvement on the socio-economic indicators of physical, vocational, economic, and educational change. For example, the client who has received prosthetic services would register a gain in the physical area; the

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[4]Report of the National Citizens Advisory Committee on Vocational Rehabilitation, p. 38.

high school dropout helped through school would register a gain in the educational area, and so forth.

More equitable evaluation technique would result in improvement of agency goal attainment. Improvement in the counselor reward system that would allow credit for something other than closed cases would be more meaningful while serving to reduce pressure for closure that plays such an important role in goal displacement. This would alter the investment policy and allow for the admittance of many of the disadvantaged that are excluded under the current investment policy.

APPENDIX

CASE REVIEW SCHEDULE

Case number_____ Status_____

State_____

Office_____

Applicant applied_____
(referral date)

Referral Source_____

Age at Referral_____

Sex_____

Accepted for Service_____
(referral process completed)

Months in status 00 and 02_____

SSDI status at referral_____

Race_____

Disabling condition_____

Previous closure Yes_____ No_____

Marital status_____

Number of dependents_____

Highest grade completed_____

Work status_____
(at acceptance)

Weekly earnings_____
(at acceptance)

Total monthly family income_____

Public assistance: Type_____
(at acceptance) Mo. amount_____

Primary source of support_____

SSDI status at closure_____

Acceptance to closure_____
(statuses 10-24)

Work status_____
(at closure)

Weekly earnings_____
(at closure)

Public assistance: Type_____
(at closure)
Amount_____

Total cost of services_____

Is the employment of the client related to his training?
Yes_____ No_____ N/A_____

Did he obtain his own job? Yes_____ No_____

Placement assistance by whom_____

Major previous occupation_____
(see summary of closure/or plan)

Occupation at closure (title)_____

Date of closure_____

Form RSA-300
Revised 7-69

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
National Center for Social Statistics
Washington, D.C. 20201

Form Approved
Budget Bureau
No. 83-R0040

Agency Code 35 * CASE SERVICE REPORT: FEDERAL-STATE PROGRAM OF VOCATIONAL REHABILITATION

Case Number _____ PART 1 (TO BE RECORDED AT TIME OF FIRST REFERRAL)

A. Last Name | First Name | Initial

C. Referral Date _____ D. Referral Source _____ *

E. Age _____ dob _____ F. Sex: 1 ☐ Male; 2 ☐ Female

B. Address: Street and Number

City | County | (Code*) | Zip Code

G. Disability as Reported (describe)

Code _____ *

PART 2 (TO BE RECORDED AT COMPLETION OF REFERRAL PROCESS)

A. Soc.Sec.No. _____

B. SSDI Status at Referral... _____ *

C. Race..... _____ *

D. Date Referral Process Completed _____

E. Months in Statuses 00-02 _____

F. Spanish Surname: Yes ☐ 1; No ☐ 2

G. Outcome of Referral Process:

NOT ACCEPTED: Reason _____ *

1 ☐ from (00); 2 ☐ from (02)

Client Referred to _____ * or

Referral Not Appropriate ☐ 00

If closed from status 00, complete Items 3.A. thru 3.C. If closed from status 02, complete items 2.H. thru 2.R. and items 3.A. thru 3.C.

G. Outcome of Referral Process (cont.)

ACCEPTED FOR:

03 ☐ 6-mos.Ext.Eval.(04)
04 ☐ 18-mos.Ext.Eval.(06)
05 ☐ VR Services (10)

Complete items 2.H. thru 2.R.
DO NOT COMPLETE ANY OF PART 3 AT THIS TIME.

H. Disabling Condition (describe)
1. Major

Code _____ *

2. Secondary

Code _____ *

I. Previous Closure within 36 months:
No ☐ 1; Yes-Outcome: Rehab. ☐ 2
Not Rehab. ☐ 3

If Yes-Months Since Last Closure _____

J. Marital Status..... _____ *

K. Number of Dependents..... _____

L. Total Number in Family..... _____

M. Highest Grade Completed..... _____

N. Work Status..... _____ *

O. Weekly Earnings.....$ _____

P. Total Monthly Family Income (including earnings)..... _____ *

Q. Public Assistance { Type..... _____ * ; Mo. Amt.....$ _____ ; Time on P.A..... _____ * }

R. Primary Source of Support... _____ *

PART 3 (TO BE RECORDED AT TIME OF CLOSURE)

A. Federal Special Program Identification*

None	TF	AFR	MMS	MAW	PD	WIN				SUM
										////
000	001	002	004	010	020	040	100	200	400	

B. Cost of Case Services (Dollars)

1. All Services - Total	
2. Rehabilitation Facilities - Total	
3. Social Security Trust Funds - Total	
4. Extended Evaluation - Total	

C. Social Security Trust Funds Cases Only:

1. Social Security Claim Type _____ *

If Claim Type Code 2, 3, or 4, enter Wage Earners':
Last Name | First Name | Initial

Social Security Number

2. Check (x) if Administrative† Costs only ☐
†includes counseling, guidance, and placement

D. Date Ext. Eval. Completed (if applicable) _____

E. SSDI Status at Time of Closure..... _____ *

F. Work Status..... _____ *

G. Weekly Earnings.....$ _____

H. Public Assistance { Type..... _____ * ; Mo. Amt.....$ _____ }

I. Occupation (title) _____

Code _____ *

J. Number of Months on Agency Rolls:

1. In Extended Evaluation (statuses 04 or 06)... _____
2. From Acceptance to Closure (statuses 10-24).. _____
3. In Training (status 18)..... _____
4. Ready for or in Employment (statuses 20-22).. _____

K. Outcome of Extended Evaluation or VR Services

1 ☐ Closed from Ext. Eval. (status 08): Reason.... _____ *
2 ☐ Closed Rehabilitated (status 26)
3 ☐ Closed Not Rehabilitated (status 28): Reason.. _____ *
4 ☐ Closed Not Rehabilitated (status 30): Reason.. _____ *

L. Services Provided: Indicate (x) if applicable

	Type of Service Provided or Arranged for by Agency	With Cost Only (1)	Without Cost Only (2)	With & Without Cost (3)
10	Diagnostic and Evaluation			
11	Restoration (Phys. or Mental)			
12	TRAINING: College or University			
13	TRAINING: Oth. Academic (Elem. or HS)			
14	TRAINING: Business School or Col.			
15	TRAINING: Vocational School			
16	TRAINING: On-the-Job			
17	TRAINING: Personal & Voc. Adjustment			
18	TRAINING: Miscellaneous			
19	Maintenance			
20	Other services			
21	Services to oth. fam. members			

M. State Agency Special Program Identification*

None										SUM
										////
000	001	002	004	010	020	040	100	200	400	

* These items are to be coded.

District Code | Date of Report | Counselor Signature and Code

CODE LIST FOR FORM RSA-300

Agency Code—(See VR Manual Chapter 13)

Part 1 Item B—County Code
Enter the three digit code from the code list provided by your agency

Part 1 Item D and Part 2 Item G—Referral Codes

(1—) Educational Institutions

10 College or university (institution offering higher than secondary education, including junior college)
12 Vocational school (including business, trade, and other technical; public and private)
14 Elementary or high school (public and private)
16 School for the physically or mentally handicapped (public or private)
19 Other educational institution

(2—) Hospitals and Sanatoriums

20 Mental hospital (public and private)
22 Other chronic condition or specialized, hospital or sanatorium (public and private)
24 General hospital (public and private)
29 Other hospital or clinic, n.e.c. (except public health clinic)

(3—) Health Organizations and Agencies

30 Rehabilitation facility (except Community Mental Health Center)
32 Community Mental Health Center
34 State Crippled Children's Agency
38 Other public health department, organization, or agency (including public health nurse or clinic)
39 Other private health organization or agency

(4—) Welfare Agencies

40 Public welfare agency (State and local government)
44 Private welfare agency (including labor union welfare fund and civic or community welfare organization)

(5—) Public Organizations and Agencies (not specifically education, health, or welfare)

50 Social Security Disability Determination Unit
51 Social Security District Office
52 Workmen's Compensation Agency (Federal and State)
53 State Employment Service
54 Selective Service System
55 State Vocational Rehabilitation Agency
56 Correctional institution, court, or officer (Federal, State, and local)
59 Other public organization or agency (including public official not representing above organizations or agencies)

(6—) Private Organizations and Agencies (not specifically educational, health, or welfare)

60 Artificial appliance company
62 Employer (private)
69 Other private organization or agency

(7—) Individuals

70 Self-referred person
72 Physician, n.e.c.
79 Other individual, n.e.c.

Part 1 Item G—Disability as Reported (See VR Manual Chapter 13)

Part 2 Item B and Part 3 Item E—SSDI Applicant Status

0 Not an applicant
1 Applicant—Allowed benefits
2 Applicant—Denied benefits
3 Applicant—Status of application pending
4 Not known if an applicant (Do not use in Part 2 Item B if accepted for extended evaluation or VR services. Do not use in Part 3 Item E if closed in status 26.)
5 Benefits discontinued or terminated

Part 2 Item C—Race

1 White
2 Negro
3 Indian
4 Other
Y Not available

Part 2 Item G and Part 3 Item K—Reason for Closure

1 Unable to locate or contact; or moved
2 Handicap too severe or unfavorable medical prognosis
3 Refused services or further services
4 Death
5 Client institutionalized
6 Transfer to another agency
7 Failure to cooperate
8 No disabling condition (closures from 00 to 02 only)
9 No vocational handicap (closures from 00 to 02 only)
Y Other

Part 2 Item H—Disabling Conditions (See VR Manual Chapter 13)

Part 2 Item J—Marital Status

1 Married
2 Widowed
3 Divorced
4 Separated
5 Never married
Y Not available

Part 2 Item N and Part 3 Item F—Work Status

1 Wage or salaried worker—competitive labor market
2 Wage or salaried worker—sheltered workshop
3 Self-employed (except BEP)
4 State agency-managed business enterprise (BEP)
5 Homemaker
6 Unpaid family worker

DO NOT USE THE FOLLOWING CODES AT CLOSURE FOR STATUS 26 CLOSURES

7 Not working—student
8 Not working—other
9 Trainee or worker (non-competitive labor market)
Y Not available

Part 2 Item P—Monthly Family Income (including earnings)

0 $ 0.00—149.99
1 $150.00—199.99
2 $200.00—249.99
3 $250.00—299.99
4 $300.00—349.99
5 $350.00—399.99
6 $400.00—449.99
7 $450.00—499.99
8 $500.00—599.99
9 $600.00 and over
Y Not available

Part 2 Item Q and Part 3 Item H—Type of Public Assistance

0 None (Do not use at closure if client received PA between referral and closure. See code 9.)
1 Old Age Assistance (OAA)
2 Aid to the Blind (AB)
3 Aid to the Permanently and Totally Disabled (APTD)
4 Aid to Families with Dependent Children only (AFDC)
5 General Assistance only (GA)
6 AFDC in combination with other type(s)
7 Any other combination of above types
8 Type(s) not known
9 PA received between referral and closure only. (Do not use in Part 2 Item Q. Record dollar amount of first check.)
Y Not available (Do not use in Part 2 Item Q if accepted for extended evaluation or VR services. Do not use in Part 3 Item H if closed in status 26.)

Part 2 Item Q—Time on Public Assistance

0 Not receiving public assistance
1 Less than six months
2 Six months but less than one year
3 One year but less than two
4 Two years but less than three
5 Three years but less than four
6 Four years but less than five
7 Five years or more
Y Not available

Part 2 Item R—Primary Source of Support

00 Current earnings, interest, dividends, rent
01 Family and friends
02 Private relief agency
03 Public assistance, at least partly with Federal funds
04 Public assistance, without Federal funds (General Assistance only)
05 Public institution—tax supported
06 Workmen's compensation
07 Social Security Disability Insurance benefits
08 Other disability, sickness, survivor's, or age—retirement benefits (except from private insurance); unemployment insurance benefits
09 Annuity or other non-disability insurance benefits (private insurance)
10 Disability or sickness benefits (private insurance); savings; other sources
YY Not available

Part 3 Item A—Federal Special Program Identification (See VR Manual Chapter 13)

Part 3 Item C—1—Social Security Claim Type

1 DIB Disabled wage earner
2 CDB—OA Claim for disabled child benefits based on account number of a retired or deceased wage earner
3 CDB-D1 Claim for disabled child benefits based on account number of wage earner currently entitled to disability benefits
4 DWB Claim for disabled widow, widower, or surviving divorced wife benefits based on account number of a deceased wage earner

Part 3 Item I—Occupation (See VR Manual Chapter 13)

Part 3 Item M—State Agency Special Program Identification (See VR Manual Chapter 13)

CERTIFICATION OF ELIGIBILITY

Disability:

Limitation of Function:

Employment handicap:

Feasibility:

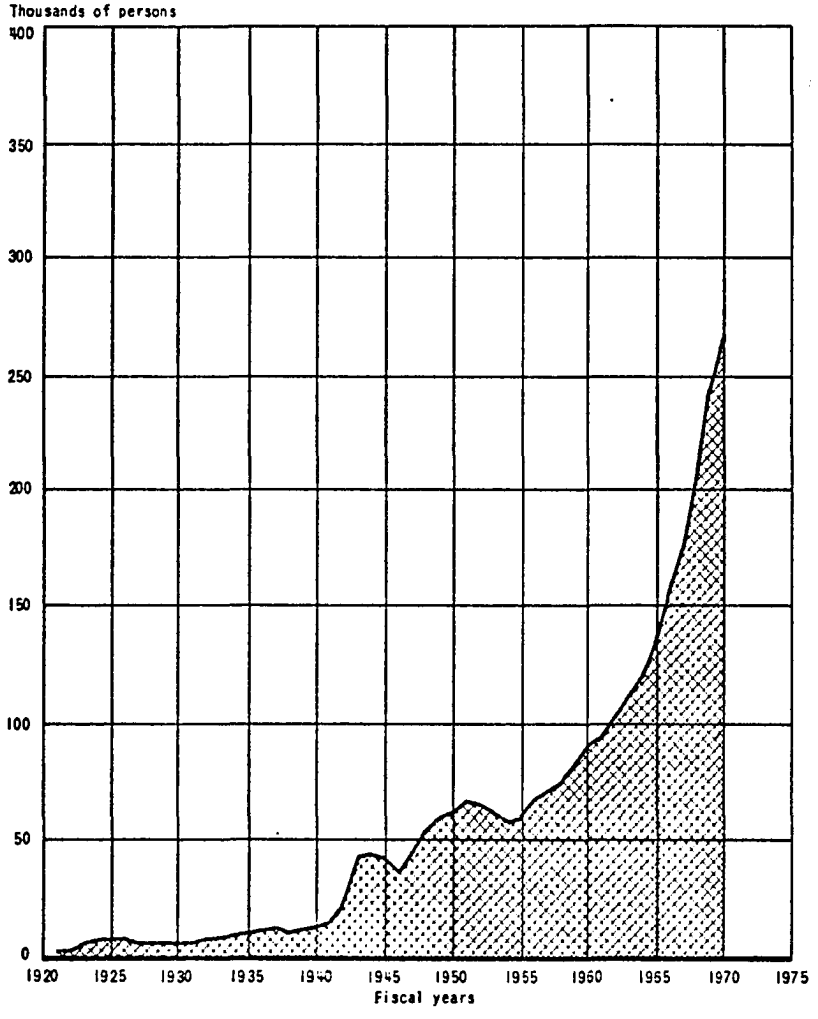
_____

Signature of Counselor

_____

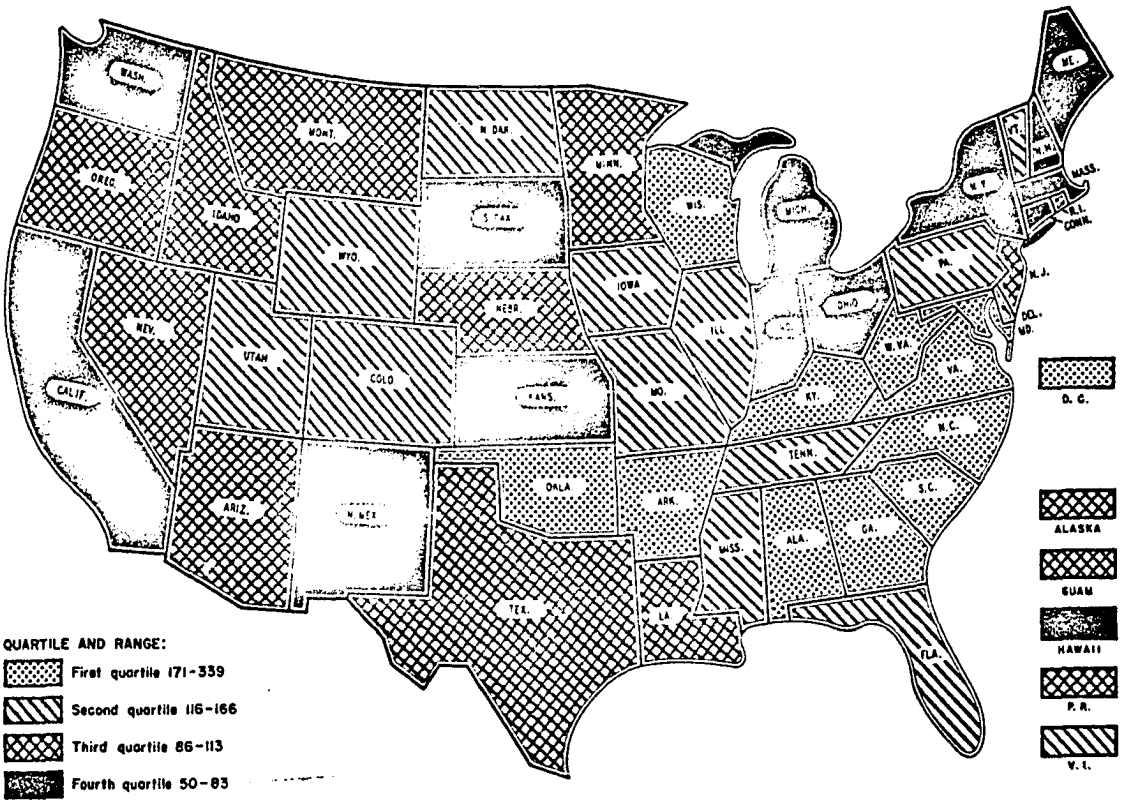
Date

Figure A.--NUMBER OF PERSONS REHABILITATED BY STATE VOCATIONAL REHABILITATION AGENCIES, FISCAL YEARS 1921-1970

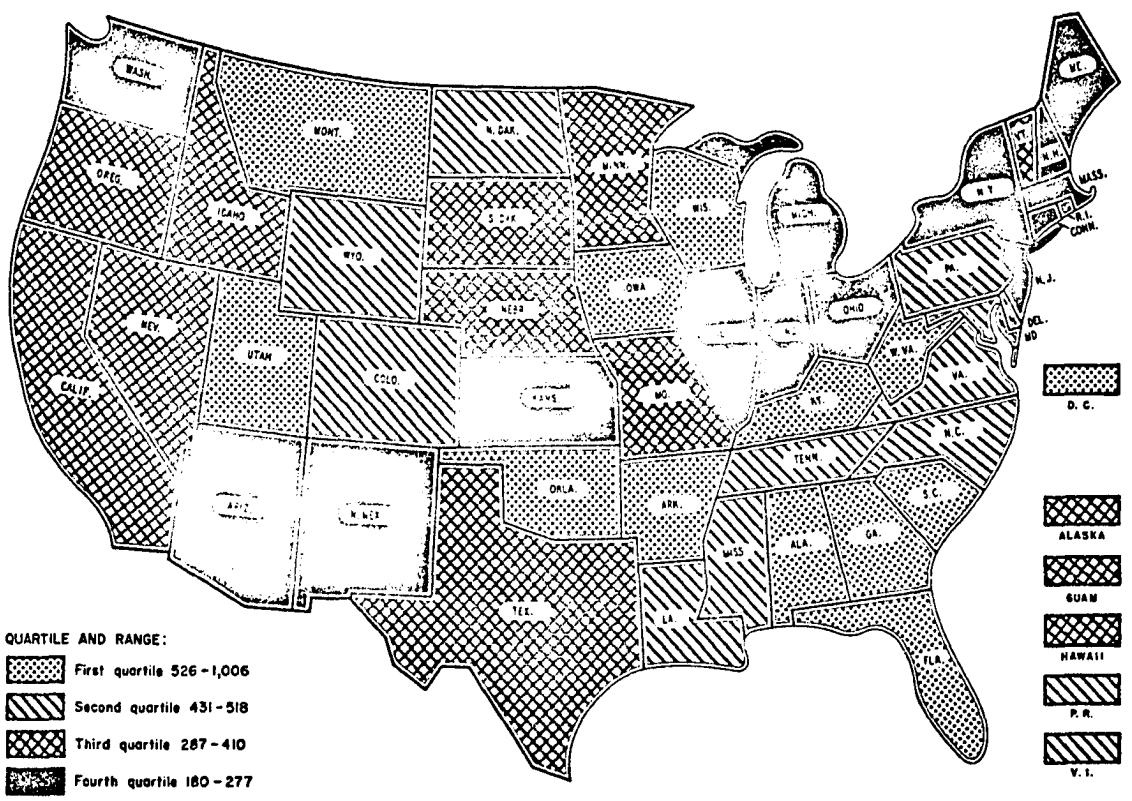


U.S., Department of Health, Education, and Welfare, Social and Rehabilitation Service, Rehabilitation Services Administration, Division of Statistics and Studies, Caseload Statistics: State Vocational Rehabilitation Agencies (Washington, D.C.: Government Printing Office, 1970), p. 2.

DISTRIBUTION BY QUARTILE OF THE NUMBER OF PERSONS REHABILITATED PER 100,000 POPULATION, BY STATE, FISCAL YEAR 1969

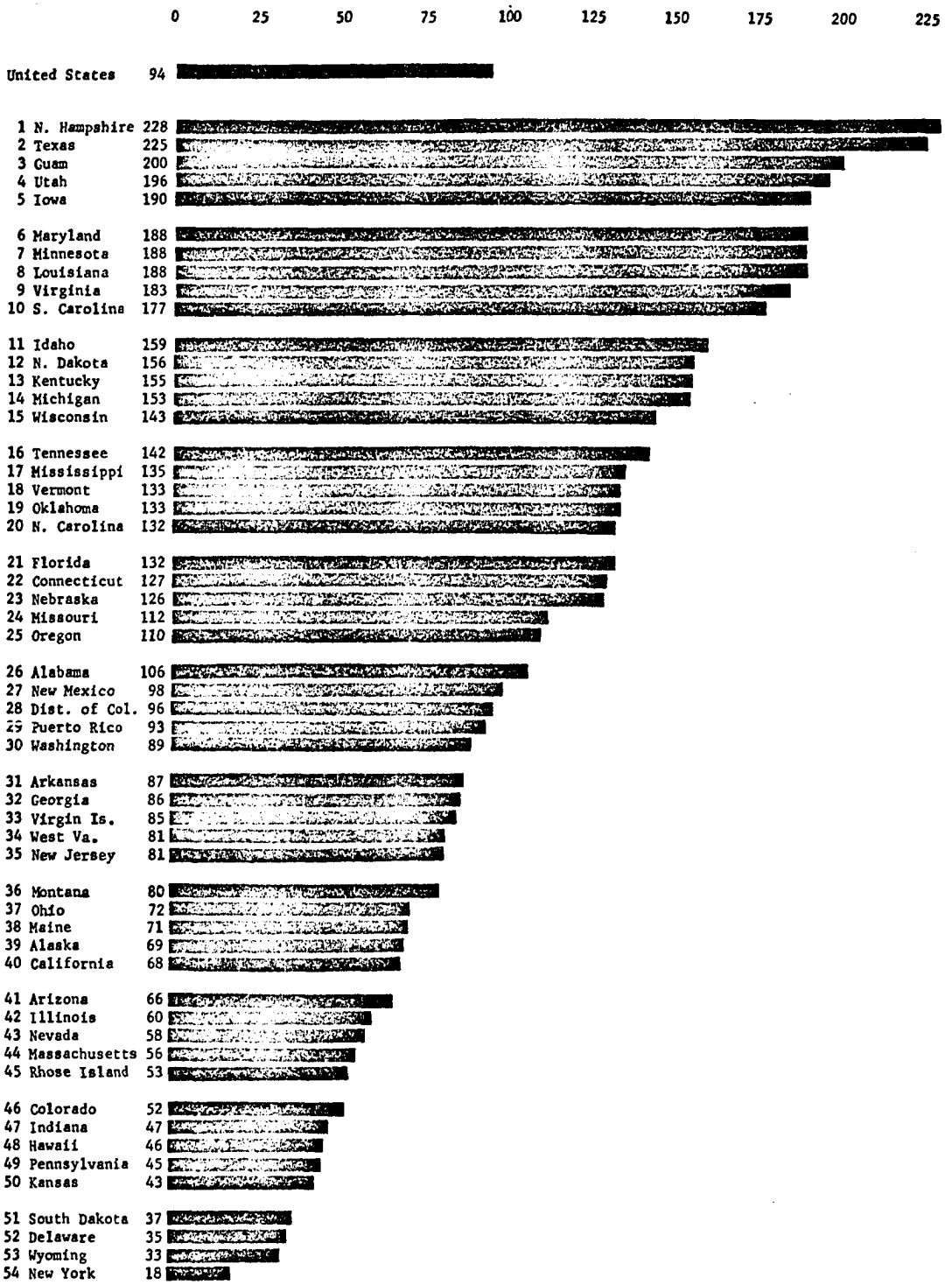


DISTRIBUTION BY QUARTILE OF THE NUMBER OF CASES SERVED PER 100,000 POPULATION, BY STATE, FISCAL YEAR 1969



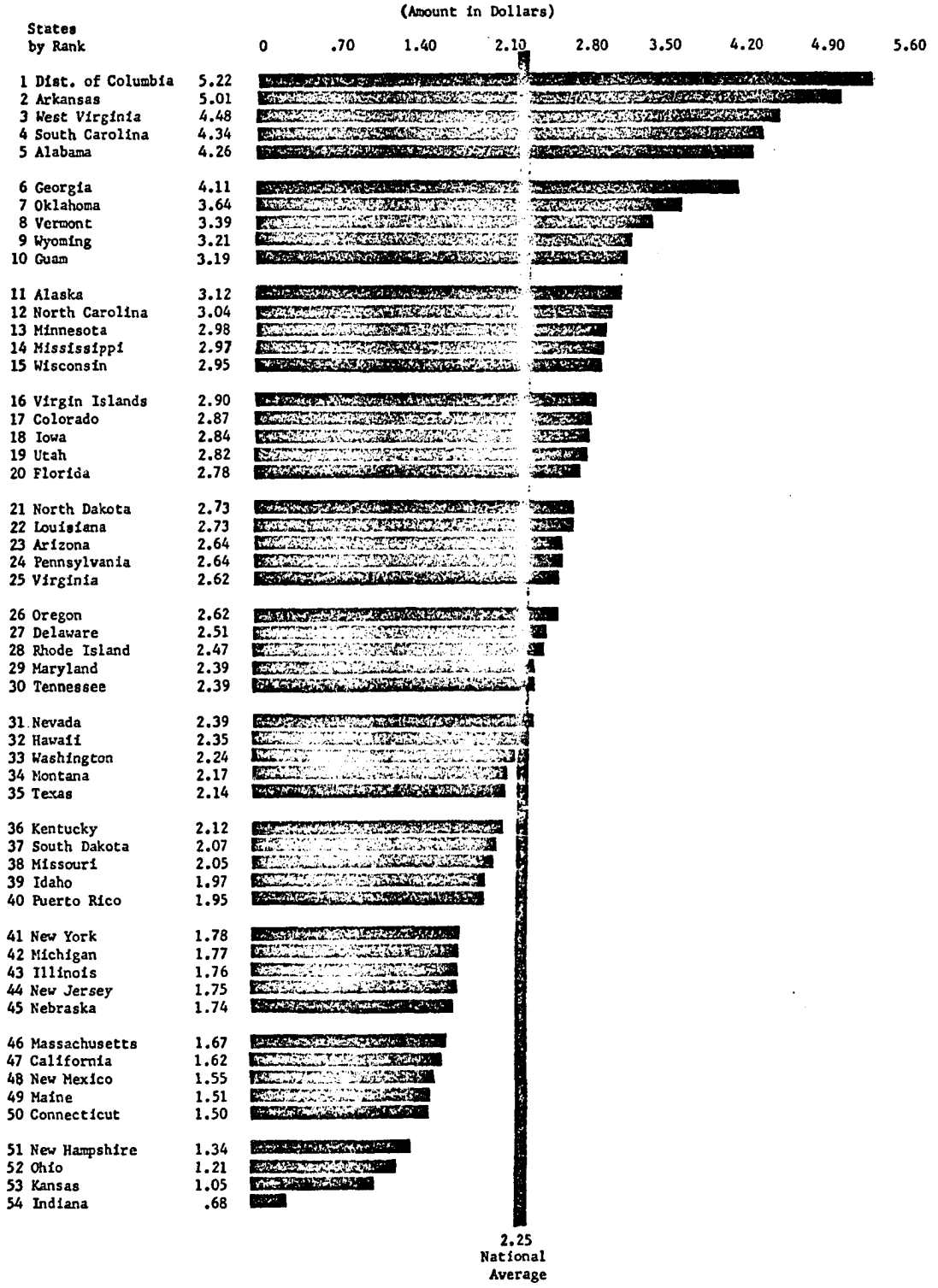
U.S., Department of Health, Education, and Welfare, Caseload Statistics, (1969), p. 4.

Percent Increase in State Expenditures
1969 over 1965



U.S., Department of Health, Education, and Welfare, Social and Rehabilitation Service, Rehabilitation Services Administration, State Vocational Rehabilitation Agency Program Data (Washington, D.C.: Government Printing Office, 1969), p. 7.

Per Capita Expenditures for Vocational Rehabilitation in 1969
(Federal and State Funds)



U.S., Department of Health, Education, and Welfare, Program Data, p. 9.

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