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Sponsoring Committee: Professor Dan W. Dodson
Professor Ethel J. Alpenfels
Professor Virgil A. Clift

SOCIAL SERVICE NEEDS IN A CHANGING COMMUNITY

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Agencies by Puerto Rican Clients**

DIANA TENDLER

Submitted in partial fulfillment of the
requirements for the degree of Doctor of
Philosophy in the School of Education of
New York University

1965

Thesis accepted
DATE OCT 5 1965

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Diana Tendler
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July 20, 1965.

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An Abstract of

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Dan W. Dodson*

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ABSTRACT

This dissertation examines aspects of institutional process and social change; the interaction between a changing population and socially sanctioned social welfare institutions in a changing urban neighborhood. Particular study was given to the interchange between a network of voluntary social agencies and Puerto Rican newcomers. Parsons' concepts of systems of action was the basis for examination of integrative modes between two sub-systems within a community - the Puerto Rican client group and the social agencies. Prior observation of strains and tensions in interactional processes suggested hypotheses about intervening variables selectively affecting articulation between client and agency systems. Client attributes stressed behavioral and cultural factors influencing client "in-put"; hypotheses about agencies predicted conditions affecting provision of "need-fulfilling" services.

The neighborhood selected showed features illustrating accelerated social change: substantial shifts in population and residential housing patterns. The social agencies had a long history of operation and tradition for helping newcomer groups of varied cultural backgrounds. Agency records provided data on Puerto Rican families. Information on agency functions and impressions of Puerto Rican client needs were obtained by structured interviews with staff responsible for agency operations in each setting. Additional materials came from census reports and bibliographical sources. A sample of 340 families was the total year's roster of Puerto Rican applicants; sixteen agencies comprised the full range of voluntary agencies serving the neighborhood. The use of the entire year's applications was to ensure the possibility that trend data were sufficiently

representative of interactional patterns. Methods of analysis used frequencies and combined or grouped data to differentiate characteristics in the study population or in agency behavior.

Findings indicate considerable variation in effective interchange among clients and agencies. Client use of agencies seems affected by distinct value systems and perceptions of problems and by disorganizing influences of new settlement in a complex urban environment. Utilization of resources seemed mainly unselective and functionally undifferentiated. Proximity of geographical location seemed a major positive factor. Longer residence in New York, expected to demonstrate greater acculturation to prevalent agency service modes, was not a positive factor in agency choice; actually many longer residents found in the "multiproblem" group, seemed more distant from effective social adjustment and did not make conscious efforts at problem solution. Effects of sectarian auspices were not testable because of limited representation of such agencies.

Variations among agencies in providing services to Puerto Ricans is also evident. Interest in helping Puerto Rican families, reflected in conscious attention to learning about unique cultural features, and introduction of concrete methods adapted to the specific subgroup seemed to produce more successful interaction. Agencies more identified with "other" groups were less effective with these clients.

Major conclusions drawn from the findings suggest that differential cultural groundings for client group and agency sub-system produce dysfunctional and incompatible articulations. Client group divergences from dominant cultural modes affect use of agencies and may need to be compensated for by greater agency sensitivity and motivation. Conflict between imperatives of "professional" practice, formal, functionally

differentiated and specialized institutionalization, and client patterns dictated by less acculturated behavior in seeking help seems a major difficulty. Tendencies for many social institutions to alter only under severe pressures for survival seem mutually applicable to clients and agencies.

Further exposure to dominant mainland values is anticipated to develop greater acculturation and may reduce strains for clients in social agencies. The burden of adjustment need not rest only with clientele; social agencies might appropriately plan to restructure services. Research and reappraisal would require further knowledge of extent, frequency and severity of problems, experimentation with forms of service, and priority decisions for implementation of social welfare goals.

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I am deeply indebted to many professional and personal associates for the completion of this task. Most directly influential and helpful was my Committee at the University in their patient advisement and cogent criticism. The sixteen agencies, who so generously shared their data and impressions, showed in their spirit the best cooperative traditions of the social welfare field. Professional colleagues, the Dean and my fellow faculty at the Hunter College School of Social Work and the Executive Director and staff of Community Research Associates provided intellectual stimulation and emotional support to my effort.

Mrs. Erminie C. Lacey gave invaluable assistance in myriad ways; statistical consultation, advice on data collection, and aid in preparation of the manuscript, were but a small part of her contribution. Last, but not least, are my family and friends; my parents, who, long ago, taught me to appreciate the challenge of intellectual adventure, and the many other dear persons who have sustained, encouraged, and believed in me.

D.T.

New York, July 1965

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S O C I A L S E R V I C E N E E D S
I N A C H A N G I N G C O M M U N I T Y

CHAPTER I

THE PROBLEM

Neighborhood change, newcomer populations, and the impact of these on social welfare institutions, established to deal with aspects of human need, represents an area of considerable interest for many social scientists. A particularly cogent issue is how certain of these social structures and methods, developed previously, continue to be responsive to current and changing needs. The purpose of this study is to examine an aspect of the problem, to test certain hypotheses about relationships between a changing population and the network of social welfare services found in a changing community.

Interest in this aspect of social change is stimulated by the sharp and dramatic population shifts evidenced in many urban areas. Residential stability has been giving way to mobility and rapid population turnover in various neighborhoods and portions of cities. These changes often make demands for reorientation by existing and established communal and social organizations, if they are to continue to have specific functions to perform.

While there is general recognition of these implicit demands, the precise nature and patterns of involvement by which such new groups coming into a community relate to established social welfare services needs to be better understood. Similarly, the way in which these services readjust

their functions represents a corollary area needing study to clarify what might be called operating principles.

This is a study of the experience of an urban neighborhood undergoing change. How are the problems of a newcomer population dealt with by the network of social agencies? What further understanding can be gained of the interventive accommodations socially created to deal with problems of individual and social stress?

The sub-problems to be considered are the following:

1. What are the needs presented by a particular subgroup or segment of a population coming into a neighborhood? What are the effects of differences in cultural orientation?
2. What are the patterns of availability and unavailability in the network of community agencies purporting to give services to the neighborhood?
3. What is the relationship between clientele and agencies? Are there selective patterns of participation that develop in this process?

Definition of Major Terms

Needs

"Needs," as generally used, refers to the notion of "felt difficulty" - a state of discomfort or tension (physiological, psychological or social) calling for some response, or an action - a motivating pressure to do something about a situation. This is specifically applied to the problems that may occur for individuals or groups in the interactional process between man and his environment, in which deficiencies and lacks, breakdowns and dysfunctions appear as a result of inadequate or inappropriate behavior on the part of either persons or institutions in dealing with the human condition.

It is recognized that needs as a term can have a broad or narrow context. For this study, it is delimited to those failures in need

satisfaction that require the use of external agents or institutions for help in solution. These are the common "problems" brought to the attention of social agencies by groups or individuals seeking help; for example, certain aspects of family disorganization, poverty or unemployment, deviant behavior (crime and delinquency), or illness, mental and physical.

Population

Population generally refers to an aggregate of people who have potentially measurable characteristics or attributes; such as, age and sex, birth and mortality rates, race, religious and marital status, occupational, economic and educational characteristics.

A "changing population" is one in which certain subgroups culturally, socially, or otherwise definable, are involved in residential shifts.

Neighborhood

As used here, neighborhood refers to a geographical locality within an urban complex, in which residents live, participate and interact in a variety of activities, important to social functions. Special needs are served by local institutions (schools, churches, shops).

A "changing neighborhood" is one in which residential patterns are subjected to population movement in and out, where there are observable changes in housing facilities and occupancy patterns by demographically identifiable groups. The area selected for study, the Lower East Side of Manhattan in New York City, indicates considerable shift in population and housing patterns in the last ten years. (See Chapter IV, page 52.)

Social Agencies

These are organizations, authorized, financed, and sponsored

either by public governmental departments or by voluntary governing boards. General purposes are to provide assistance to individuals and groups who indicate a need for outside help and intervention in coping with a variety of social stresses and problems affecting the adequacy of individual, family, and group functioning. The social agency is a socially sanctioned institutional form designed to mitigate the negative effects of such problems by providing appropriate social services.

The structure and function of a social agency is defined within a given agency's policy. Policy decisions are made by sponsors and administrators as to the scope of agency activity; the specific purposes, geographical area to be served and the processes by which the designated clientele would be aided. Major functions of the agency are carried out by employed staffs of social workers. Staff members carry enstated roles and responsibilities for which they are accountable to agency sponsors. Each agency, part of a range of efforts, that constitute a community or neighborhood network of helping organizations, is itself accountable to the society which invests it with responsibility and authority to intervene.

Operationally, the social agencies selected for this study were all under voluntary sponsorship and served a local population on the Lower East Side of Manhattan.

The Social Welfare Network

The social welfare system of any community represents a group of organizations and services that deal with particular social problems and "needs" within a culture, as described above. Such problems are dealt with by social agencies that have certain "helping functions" or institutional roles, using methods that have been professionally defined. These organizational forms represent structures that exist or are established

to meet "needs." The activities, or range of substantive actions or methods performed within these agencies, represent functions and opportunities for amelioration or treatment of some of these social problems. Operationally, the social welfare network studied was the group of sixteen agencies that represent the major portion of the voluntary services offered to the population of the Lower East Side of Manhattan.

Client Group

The client group are those individuals and families who are recipients of aid offered in social agencies through group or individual contact with the social work staff who carry out the agency functions.

Operationally, the client group studied are Puerto Rican residents of the Lower East Side, individuals and families who have been served by the sixteen voluntary social agencies within the social welfare network.

Puerto Ricans

Puerto Rican refers to individuals who, either by origin or cultural background, are members of a subgroup with the particular socio-cultural values and orientation characteristic of their point of origin, the island of Puerto Rico.

Operationally, they were the client group resident on the Lower East Side, served by the voluntary agencies, who were identified in the social agency records as Puerto Ricans.

Delimitations of the Study

This study was limited to an evaluation of a particular subgroup (representing a changing population) living in a changing neighborhood; namely, residents of Puerto Rican origin or background.

This study was limited to a particular neighborhood in New York

City (the Lower East Side), characterized by evident area needing study to clarify what within the past ten years, in which the subgroup being: stantial part of the changing (incoming) population. experience of an urban neighborhood

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This study was limited to a particular neighborhood in New York

City (the Lower East Side), characterized by evident population changes within the past ten years, in which the subgroup being studied was a substantial part of the changing (incoming) population.

This study was limited to an analysis of the experiences of the voluntary professional social welfare agencies serving the geographical area selected. It did not include public social services or any of the other helping organizations (for example, primary religious institutions, legal services). The latter, while they provide social assistance, are not generally classified under the heading of professional social work activity.

This study was limited in time to the year of 1961 - from January 1st through December 30th.

Information on the population and social work organizations studied was obtained primarily from the case and group records and other agency materials made available by the voluntary professional social agencies studied.

Hypotheses

The hypotheses have been developed in relation to the two basic subsystems under study. The antecedent variable is client behavior, needs and problems, shown in interaction with the social agencies. Social agency function and process, the dependent variable, represents organizational activity and characteristics which influence responses and behavior toward the client group.

Hypotheses re: Client Group

In considering the way in which various groups involved in population shifts operate, a subgroup will tend to make selective use and responses toward the network of available social services.

1. In this selective use, the subgroup being studied will respond most quickly and positively to the services which are geographically adjacent and available.
2. In this selective use, the subgroup being studied will respond most quickly and positively to the services which are closest to their own cultural and religious orientation.
3. In this selective use, the subgroup being studied will respond most quickly and positively to the services which relate most directly to the satisfaction of immediate needs.
4. The subgroup's response to more specialized services will be influenced by their movement or placement on a continuum into the mainstream of the dominant culture.

Hypotheses re: Social Agency Function and Process

Social agencies, operating in areas of population shift, tend to provide selective opportunities for client groups to respond to social services. The degree to which they are aware and motivated to serve a particular subgroup's problems will determine the availability of their service to these groups.

5. The way in which agencies perceive their responsibility to such subgroups will be a determinant in their availability to these subgroups.
6. In their selective response, agencies will respond more quickly and positively if they do not have strong identification and loyalty to previous groups served.
7. In their selective response, agencies will respond more quickly and effectively if they have knowledge of the social and cultural orientation of the group to be served.
8. In their selective response, agencies will respond more quickly and effectively if they have knowledge of the environmental stresses and problems of the subgroup.
9. In their selective response, agencies will respond more quickly and effectively if there is the provision of special techniques and devices geared to the particular subgroup.

The issues presented by the hypotheses appear to the investigator to be of theoretical significance and value. Fundamentally, this represents

a study of processes in social organization and the analysis of change, using data about certain community institutions as they operate in regard to certain community problems.

The Theoretical Framework

Parsons' concepts regarding the structure and function of systems of action are principles which have affected the framing of these hypotheses. His notion of the "social system as a mode of organization of action elements relative to persistence or ordered processes of change of the interactive patterns of a plurality of individual actors" seems germane to the study of processes and structures here outlined. [46, p. 24]

The structural and functional relationships between "the institutionalized (social and cultural) systems and/or internalized (in personalities and organisms) patterns of cultural meaning" are applicable to the integrative modes to be studied. [45, p. 342] Particular sub-systems within the social system that are to be examined represent personality patterns, family systems, and community systems seen in social welfare programs. These relationships are operationally evident in the connections found between client needs and motives and special "need fulfilling" institutions. Of special interest is the notion of flow or interchange of entities between the sub-systems, ("in-put and out-put") and the identification of consequences that exceed the "limits of maintenance" of equilibrium. [45, p. 345]*

The interchange between the components within the community system

* Parsons' notes that "for such generalizations to be formulated in terms which may be operationally testable, it is necessary to define in-put--out-put categories, as well as the relevant media and conditional factors with sufficient clarity at the level of system performance and organization which is relevant to the particular problem." [45, p. 345]

is here concerned with the institutionalized networks meeting the needs of the total social system. The family (as a sub-system of legitimized statuses and roles) is one. It shows aspects of certain total system needs in biological maintenance, the strengthening of psychological security, and the uses of material resources and services. The latter two total social system needs (psychological security and material resources) are also expressed in such sub-systems as public health and social welfare programs, religious and kinship groups, as well as in the activity of the professions (for example, law and medicine).*

The particular hypotheses in this study emerge from observations of certain forms of interaction in two "sub-systems" of the community system as identified below.

All client groups can be considered to represent a "sub-system." Structural and functional properties reside in personality and family patterns and the needs that arise in the process of social adaptation, requiring maintenance or change of such patterns. The particular Puerto Rican client group studied, is not only like other client groups in facing the requirements of maintenance and change, but has some features which might make them comparatively unique from other groups that interact with other parts of the community social system. A high degree of physical or geographic mobility, differences in cultural exposure**, and in experiences in socialization, is assumed to introduce problems in assimilation and integration, which may affect this "sub-system" and the quality and effectiveness of its interaction.

The other "sub-system," the network of social welfare services, represents the social institutions considered an important mechanism

*Parsons' analysis of the significance of the professions in the social structure and their unique role in current society indicates the institutionalized roles, authority positions, and place in a highly differentiated social order. He also notes the particular adaptations and role functions required for the carrying out of such socially acquired roles. [46, Ch.1; 47, Ch. II and XVIII]

** "Differences in cultural exposure" is used here in a narrow sense. It refers to norms and values characteristic of Puerto Ricans coming from less developed transitional society as contrasted with the urbanized, highly differentiated characteristics of mainland Americans.

of "need-fulfillment" for client groups. They have been described as structures that come into play when the "two natural channels through which the individual or group's need are properly met: the family and the market economy," either do not function adequately or are not available. [59, p. 139] In like manner to that of the client group, it is assumed that there may be differentials in the discharge of the institutional role under certain conditions, which may affect the interactional process.

The interaction between these two "sub-systems" is the object of study, since it is believed that in this particular situation the usual organizational and adjustment features of social welfare services (as social institutions with "need-fulfillment" objectives) may be subject to strain. The articulation between the two "sub-systems," ordinarily more adequate, may prove to be less compatible. If distinctive sociocultural values and life experience, unlike that of the dominant culture and value system, becomes part of the "in-put" of the client "sub-system," then these unique features may influence the nature of the interchange with the "need-fulfilling sub-system."

The degree to which such interchanges may be functional or dysfunctional for a particular group with particular needs is the area to be examined. The questions being asked relate to the consequences of certain functional processes or structural elements for the various needs of the system they serve. As stated by a commentator on Parsonian theory -- "Any operative structure has consequences or out-puts with respect to a variety of different system referrents; while it may serve the needs of some of these most admirably, it may produce dysfunctional consequences for others." [13, p. 50]

If it can be shown, as a result of this study, that there are selective factors which exert influence on the way need is presented and on the patterning of the social welfare agency's responses, this would

seem to have some significance and potential for the greater understanding of institutional process and social change. If the findings can demonstrate the role of specific influences, this could be of some moment in suggesting patterns of prediction (regarding the consequences of certain processes and behaviors on the part of clients and agencies which may be more or less dysfunctional), and therefore may serve as a guide to social planning and policy.

CHAPTER II

BACKGROUND OF PROBLEM

Migration and the American Scene

Mobility and movement of populations, always a highly significant feature of American life, has been the object of intensive sociological study in recent years. Prior migrations, such as the movement westward and settlement of the frontier as well as the vast outpouring of the European population to the "land of opportunity" are an intrinsic part of our history. They have been described largely in literature, historic texts, and materials on cultural change. [21, 22, 23, 33, 38]

These sources have dramatically portrayed the profound experiences of promise and hope, alienation and despair, which characterized the push of people seeking new ways of life for themselves and their families; escape from the confinement and tyranny of traditionally rooted and less yielding environments. The "vanishing" of the frontier by the turn of the century and the passage of restrictive anti-immigration legislation in the early 1920s represents a sharp line of demarcation between current and past expressions of mobility.

Current population movement in the United States is largely that of in-migration, movements from rural to urban sections, city to suburb, East-West, North-South, and vice versa. Basic reasons and explanations for such movement -- the search for increased economic opportunity, for the establishment of more benign and positive life circumstances, the desire for the improvement of social opportunities -- remain essentially similar to earlier periods. However, it would appear that present patterns

tend increasingly to encompass broader strata of population in significant amounts, and to have more marked effects on the structure and stability of established communities. Families on the move in the 1950s and 1960s represented many groups. Previously, the major groups identified had been the displaced and unlanded Okies of the 1930s, Mexican migrant farm labor, itinerant workers and journeymen, hoboes, and economically disadvantaged urban dwellers, whose travels were dictated by the severe press of economic necessity. [37] In the last two decades there has been a greater representation of established and solvent individuals and families for whom broader choices and opportunities exist, who appear much more capable of electing the directions in which they could or would go. [50]*

It has been suggested by some that the structure of today's middle class and "organization man's" society exerts or dictates social pressures toward such mobility, creating its own forms of hardship, strain and emotional toll. [58] Nonetheless, the greater freedom in exercise of choices, and the attractiveness of upward movement can perhaps be considered as some compensation for these alternatives. If one were to attempt to give priorities for attention to the kinds of social disruptions that result from in-migration in various social strata, the effects of mobility would seem to create greater destruction of human resources among those who are more deprived, culturally different, who are in less advantaged positions in the social order. [25, 28, 37] Understanding and coping with this aspect of the problem requires considerable study.

Marked trends toward urbanization and the creation of industrial

* The U. S. Census Current Population Reports on Population Characteristics (August 1962) indicate considerable geographical mobility spread among various socioeconomic groups.

and manufacturing complexes have been characteristic of American life in the past hundred years. This has encouraged mobility as urban centers have become resources for industrial employment of the displaced rural and small town populations. Mechanization in agriculture, the steady disappearance of small farms as an economically useful unit, sharp dislocations as a result of technological change, and uneven economic growth in certain geographical areas, have been factors contributing to the increased size and population of cities. Incoming populations adjusting to the complexities of urban living are further affected by characteristic absence of urban planning or structures to accommodate to changing patterns of occupancy; the often evident lag between need and availability of facilities. The development of suburban land use tends to siphon off and ease the burden of urban pressure for some, but as this trend increases, the problems of the inner city become more prominent. [16]

Certain formulations by sociologists over the past 25 or 30 years regarding American urban growth have emphasized the degree of disorganization that characterizes it. The inner city -- as a source of strain and stress, the breeding ground for a host of social problems, and the absence of other than piecemeal solutions to grave and pressing issues which affect the human condition -- has been an object of concern to some social scientists. [15, 16, 52, 53, 61] The negative influences exercised on the stability and capacity of communal life to provide for constructive living experiences have been repeatedly suggested. Ample proof of these deleterious effects can be cited in the various statistics on the incidence of "official" social disorders in certain urban populations that require communal intervention (crime, delinquency, financial dependency, mental and chronic physical illness). [7, Ch. I; 41, pps 73-79; 53, p. 33]

Certain kinds of mobile populations seem to be more particularly vulnerable to these disorders and stresses. The experiences of certain urban centers give visible demonstration of these strains in the indication of problems occurring among most recent in-migrants. Large industrial cities like Detroit, Cleveland, Los Angeles, Chicago and New York have described these in their press, and other media. The ascription of certain social problems to the presence of new and minority groups is often accompanied by the expressions of prejudice and intolerance toward the most newly arrived, most socially disadvantaged and culturally different subgroups. While this is not unusual, as historical descriptions of the reception of previous newcomers attest, it can be seen as adding to the burden of a new adjustment. [21, 22, 23] For it is clear that, prejudice notwithstanding, and even ignoring the kinds of gross and misleading characterizations that are often made, new groups arriving in an urban community face problems in responding to new demands and host environments are presented with corresponding adjustments in serving them. [18, 51, 53]

New York City may be considered as a special witness and participant in this process. Recent, as well as past, migrations have been part of the character of the city, although there have been changes in the origins and cultural backgrounds of these groups. The most recent and heaviest in-population movements have been those of Negroes and Puerto Ricans. Continuingly poor social conditions at their point of origin, the urban center's demand for unskilled manpower, the availability of modern, rapid transportation, are factors which tend to support the notion that the next two decades will see a continuing pattern of such migration. Handlin, in a recent work on population shifts in New York for this interim, estimates a potential growth of between 60 and 75 percent within these most

recent groups, with the anticipation that they will soon constitute 18 to 20 percent of the metropolitan region's total population. [22, p. 53]

Patterns of Accommodation

The heterogeneity of ethnic and national backgrounds which has been observable over the generations of settlement of this continent, and the adjustments of people of diverse origins, has been a phenomenon considered uniquely American. Various explanations have lauded the potentials in "cultural pluralism." [33] The amalgamation and integration of older foreign traditions with the dynamic growth force of a country, rich in advantage, economic and material well-being, and open in its presentation of opportunity, guided by a political and social philosophy gives credence and dignity to such differences. The precise workings out of these amalgamations, while seeming to follow some general principles for all groups, also suggests that greater or lesser difficulty, as encountered, is often dependent not only on general climate and historical periods of occurrence, but also on the social and cultural distances between the values of the host environment and those of newly arrived groups. The degree of rapidity in moving into prevalent values, mores, and activities of the new scene is often a function not only of motivation for new learning and desire for participation, but also of the gap that exists between what was acceptable and typical in one's old world and how immediately applicable and useful it is in the new setting in which one has to make one's way.

Explanations, developed from a variety of sources by students of American migration, have suggested that newly arrived groups tend to follow the patterns of acculturation* of previous migratory groups. It

* Acculturation, as used here, refers to the processes in which traits and characteristics of a contemporary society other than one's own are acquired as a result of contact and exposure. (Bierstedt, Robert: The Social Order, pps 154-156).

assumes that changes occur within two or three generations which demonstrate adoption and incorporation of attitudes and behavior typical of the major cultural mode. It sees the first generation caught up in the immediate impact of migration as experiencing the most acute stress. Trends toward more characteristic involvement in the prevailing behavior and value system are also demonstrated in the increasingly greater participation in the economic and social life of the larger community on the part of the later generations.

Against this historical long-range view are the interpretations of others who have studied contemporary segments of society that demonstrate difficulties and problems. The notion of a "culture of poverty" developed by Oscar Lewis [36], and also attested to in the work of Michael Harrington and others, [25, 40, 42] tends to present a point of view emphasizing the growing rigidity of class structure, the absence of concern with segments of population who are not participating in the general economic affluence, and the role of economic and technological changes (automation, for example). These are expected to operate in ways which will reduce the possibility of growth and adoption of characteristic cultural patterns.

Some of those on the optimistic side also have indicated certain differentials in current migratory experience which may reduce the usual rate of acculturation. Handlin, for example, points to ethnic factors and attitudes toward race and color, the significance of discrimination in areas of employment as well as changes in the economic structure which puts higher premiums on education and preparation for employment in which many of the newcomers are deficient. [22, p. 77] In addition to reduced opportunities in community structure, there is less development, within the newcomer groups, of indigenous patterns of communal organizations, which might

buffer some of the stresses for newly arrived persons (as was often the case with previous immigrant groups). Also there is the absence of continuous experience and adaptation on the part of the population at large within the host community, because of national policy about migration (the Exclusion Act and other deterrents to migration since 1924).

Regardless of which point of view can be demonstrated to be most congenial to explanation or prediction, there is general awareness of the weighty requirements placed upon the voluntary and public social services of the community. These sources, along with other civic and governmental agencies, are anticipated to be increasingly called upon to play some role in dealing with difficulties and adjustments of newly arriving groups.

Handlin suggests that "Negroes and Puerto Ricans are likely to continue, as they have in the past, to depend more on governmental services for education and welfare than did earlier immigrants." [22, p. 119] He bases this on an evaluation of differences in the tradition and existence of communal organizations and voluntary associations which were characteristic of many of the European groups that settled, particularly after the 1870s.

The development of fully functioning ethnic communities served those who needed help with specific problems and relieved the state of part of the burden of welfare work. It also furnished the individual with a medium through which he could understand the difficulties of the strange society around him and relate himself meaningfully to it. The ethnic community supplied its members with norms and values.... with the direction of an elite leadership. It not only assisted them in dealing with their own problems and in adjusting to the conditions of American life, but also gave them a pattern of acceptable forms of action and expression connected with the larger society, but integrated into an intelligible context. [22, pps 39-40]

For the newer arrivals, Handlin indicates complex reasons that tend to generate some apathy toward communal organization. The sharp breaks in contact with past life, typical of earlier European migration,

tended to sensitize that settler more to the needs for creating his own instruments of social action. With newer migrants, the shock of separation and alienation has been less, since movement back and forth from point of origin is much more possible. Mass media also, he feels, exercise an inhibiting effect on communal life, by the pervasiveness and lack of opportunity for appropriate individual articulation and expression. Further, he suggests separate institutions, if currently founded, would tend to carry over imputations of inferiority and segregation in an era when the emphasis on integration has been so strong.

The strategy of the struggle against discrimination, as in the case of hospitals and schools, seems to demand a rejection of any mode of action in which Negroes and Puerto Ricans were set off as groups. It seemed preferable to accept the facilities of agencies created by the earlier departing residents of the neighborhoods they occupied. [22, p. 108]

The assumption of public responsibility for many services previously supported by voluntary effort also has tended to reduce the possibilities of what might be duplicated activity. The necessity for more active civic and governmental responsibility is viewed not only as a response to certain deficiencies or lacks within certain groups (which include many of our newer migrants), but rather as an extension of economic and social planning appropriate to the needs of significant parts of our population, (particularly minority groups), at this stage of industrial development in our society.

Myrdal describes it as the planning of -

a bigger role for government ... in the sense that government will have to take increased responsibility for organizing public consumption in the fields of education and health. It will have to redistribute incomes on a large scale by its taxation, Social Security schemes, and agricultural policies. It will have to invest much more in slum clearance and low rent housing, and indeed, in the complete renewal of cities and their transport systems as well as more generally in resource development. It will generally have to increase

responsibilities for a larger part of consumption and investment and consequently, for employment and production, and all this activity of the bigger government must be coordinated under the aspects of the converging ideals of greater social justice and a more rapid expansion of the economy. [40, pps 93-94]*

In his brief for "the invisible poor" into which group he places many from the minority groups of Negroes and Puerto Ricans, Harrington talks about the extension of welfare provision of the American society through the use of public (Federal) programs. He too regrets the implication of centralization and its attendant impersonality and bureaucracy, but also cites the problems of municipalities incapable of effective measures because of the shrinking tax base (as a result of middle-class departures) and the increased amount of social and economic problems that are manifested in such localities. The conservative rural complexion of state level politics, and the absence of income or funds in the private agents of the society (social work agencies and trade unions, for example), all create the need, he feels, for national planning of a comprehensive program. On this level, he sees the achievement of coordination and establishment of standards, but further states:

However, - the actual implementation ... could be carried out through myriad institutions, and the closer they are to the specific local level, the better the results. There are ... housing administrators, welfare workers, and city planners with dedication and vision. [25, pps 170-171]

Agreement on the need for some assistance exists, the question of form may not be an "either - or" choice, but rather a question of

* Myrdal comes to this conclusion for centralized power and intense control of economic life somewhat reluctantly, but makes this choice on the basis of certain aspects of United States political phenomena; - the absence of parliamentary cabinet government (no automatic synchronization of the political will of the executive and Congress), and its effects on legislative action, the corruption of state and local units, and the absence of an independent nonpolitical civil service which can affect the degree of security, responsibility and efficiency of administration. [40]

determining appropriate kinds of assistance according to the kinds of needs that are demonstrated. Galbraith's notion of "insular poverty" and "case poverty," (while in some ways an oversimplification), is useful in suggesting that differential levels of amelioration may be indicated.

[18, pps 325-327]

Recent developments in social welfare philosophy, particularly in regard to minority groups, have placed some stress on the need for emphasis on more community-wide approaches. Certain formulations about the effects of the community's "opportunity structure" as it influences individual striving [42], the emphasis on education and intergroup activities, as seen in programs such as HARYOU-ACT [26], are examples of the renewed emphasis on expanding and broadening community opportunity. In professional social work, one sees developments in case management techniques such as "reaching out" processes, "aggressive casework," a growing interest in family diagnosis, and the reemphasis on the role of socio-cultural factors. [3, 19, 34, 35, 41, 43]

Puerto Ricans as Migrants

There appears to be generalized agreement that migration in the 20th century may have some unique features. These are seen in the differences in circumstance and historical development of the United States; the state of industrial development and urbanized growth as well as in the opportunities it provides to newly arrived persons. The nature of adaptation to such a new environment is affected by a variety of social and cultural factors which can facilitate or hinder progress and movement of individuals. This makes significant, therefore, examination of literature on life experiences at the point of origin (Puerto Rico in this instance) as well as review of materials descriptive of the life of such migrants

in the urban environment of New York City.*

Experiences in Puerto Rico

The island of Puerto Rico was, until 1941, an underdeveloped area,

Its economy was almost exclusively agricultural and devoted primarily to the cultivation of a single crop; its resources were meager save for manpower and that was inadequately used; its widespread poverty was apparently endemic and ineradicable. ... Again, like many other parts of the world, Puerto Rico has a population problem. A steadily high birth rate combined with a steadily declining death rate ... had produced a tidal wave of humanity beating ever more destructively against the economic foundations of the island. ... [Along with this occurs] a not uncommon modern problem: that of accommodating a long established culture, basically Old World in character, to the unsettling forces of rapid Americanization. [1, p. vii]

Its political status moved from that of a dependent area -- a Spanish colony annexed by the United States in 1898, to Commonwealth status in July of 1952. It is a unique self-governing unit, electing its own governor and legislature, but remaining within the Federal domain and defense protection of the United States government. The economic and social progress made by the "Puerto Rican experiment" since 1952 has attracted substantial attention. This has interest and relevance, not only for other countries in similar situations, but to the possibilities for studying the processes and effects of changes in industrialization and economic growth as they affect cultural and social development. [1, pps 55-59]

Descriptions of other cultural features relating to custom, language, and life experiences within certain social classes or segments suggest some differences in orientation between subgroups. Julian Steward

* An earlier sociological classic, describing the adaptation of another immigrant group [Znaniecki and Thomas in their study of the Polish peasant], suggests that the consideration of sources of values and behavioral expectations at the point of origin was extremely useful and quite necessary in the understanding of urban American adjustment for such a cultural group. [60]

commenting on the significance of four centuries of Hispanic influence both in national institutions and folk aspects, suggests that previous class cleavages made for important sub-cultural differences between land-owners, church and lay officials, craftsmen and subsistence farmers. However, industrialization has tended to introduce considerable modification. Current trends seem less supportive of differences, moving toward common experiences among all classes, particularly in the establishment of more fixed economic patterns and concomitant influences on political, legal and governmental structures. [1, pps 95-103; 54]

Study of population problems and the relationship between fertility and cultural patterns is reported in the works of Hatt and Stycos. [27, 55] The relationship between the struggles of a newly developing economy and traditional patterns of high fertility (a problem for many underdeveloped areas), has involved examination of the role of social values and social controls. On the basis of its similarity to other low income areas, its strong Latin and Catholic tradition, it provides a good testing ground for study of obstacles to population reduction in such cultures. Stycos suggests that certain cultural factors, characterized as motivational and action deterrents to fertility control tend to operate to maintain high birth rates particularly among lower class Puerto Ricans. [55, pps. 244-248] These cultural factors have distinct implications for continuing population growth and consequent expectation of migration as a response to population pressure.

A few statistics can serve to demonstrate the nature of population growth.* Between 1899 and 1960, the population increased from 953,243

* The source for this review is "A Summary of Facts and Figures," published by the Commonwealth of Puerto Rico Department of Labor, Migration Division. It presents this range of statistics based upon U. S. Census Bureau data and other governmental agency findings which describe current economic and social status. [9]

to 2,349,544; and in the period from 1940 to 1960 the increase has been 25.7 percent (from 1,869,255 to 2,349,544). Decline in death rate in the period from 1940 to 1960 was from 18.4 per 1,000 population to 6.8; decreases in birth rate from 38.5 per 1,000 population to 31.0; the rate of natural increase, a rising one, from 20.1 to 24.2 per 1,000. The increase in life expectancy at birth from 1940 to 1960 was from 46 to 70 years.

Information about income gives further signs of progress within the country although they indicate considerably lower standards than those of the continental United States. Per capita income, although only about one-half that of the poorest state in the United States, is now the highest in the Caribbean area, and second highest in all of Latin America (Venezuela ranks first). Family income in 1961 averaged \$3,003. Purchasing power for goods and services has increased one and four-fifths times over 1940 for the average family. Wage earners' family incomes have increased even more. Unemployment, still a serious problem, has decreased 36.6 percent since 1940 and the proportion of unemployed in the total labor force has moved from 17.9 percent to 11.1. Employment has increased in all areas of the economy, with the exception of agriculture and home needlework. Mechanization on the land and replacement of home industry by factory jobs account for these changes.

Characteristics of the island population as of 1960 indicate some of the potential problems that would handicap their entry into a highly complex urbanized area. Median years of school completed (for persons 25 years old or over) was 4.8 for males, 4.3 for females. Only 44.2 percent were urban population, the literacy rate (for persons 10 years old or older) was 83.0 percent. Less than one-fourth of the total

employed by occupation (22.4 percent) were professional or managerial, and over one-half (56.0 percent) were in unskilled and semiskilled categories. Males constituted 71.5 percent of the labor force, females 22.1 percent (14 years old and over).

Migration to the United States is closely associated with job opportunities. The rate of population movement follows the curve of United States national income closely. During business recession in the United States in 1953, migration dropped 69 percent, and this reoccurred in 1957. The effects of automation and increases in the continental United States domestic labor force are believed to be responsible for net migration back to Puerto Rico.

Experiences of Puerto Rican Migrants in Urban Environments

The acute imbalance of population and resources, and the availability of the American mainland - "the continent" - as an escape valve are factors which constitute a real encouragement to migration. Handlin, in his recent work, "The Newcomers," anticipates that the potential for emigration from Puerto Rico will remain high for the next twenty-five years. [22] Despite some minor decreases in current birth rate and hope for different cultural values in relation to family size (encouraged by rise in income and level of education on the island with which more controlled population growth is often associated), the expectation of possible doubling in population on the island remains a clear prospect. In view of the kinds of predictions to be made regarding economic growth and absorption, despite rapid progress, individual opportunities cannot be expected to keep up with population increase rates.

Some evidence for this continuing effect is seen in recent figures on the unemployment rate. Although Puerto Rico is undergoing an economic

boom (gains in production, income, employment), "the brisk rate of population expansion has kept the unemployment rate high - a little over ten percent in fiscal 1964 which ended June 30, as against about five percent in the continental United States." The precise figure is 10.9 percent of the labor force or 89,000, based on Census Bureau standard for the mainland - "out of work and looking for a job." Figures for the Puerto Rican birth rate are 30 per 1,000 persons, roughly 50 percent higher than the United States rate. (N. Y. Times, October 25, 1964)

The nature of personal life experiences, at the source of origin, seems to play an important part in migratory experience. Not only does it show in the social class membership of individuals and families that migrate, as related to their possible opportunities on the island, but it also contributes to both positive and negative potentials in adjustment to a new culture. Certain materials, developed out of study of Puerto Rican populations in New York City, give a sense of these potentials. [2, 39, 44]

Handlin indicates some of the characteristics and expectations for this. [22, pps. 57-58] The high birth rate, noted in former place of residence, continues, and although declining to some degree, remains higher than that of other groups in the population. It is also significant that since younger people tend to migrate more, they are more apt to be within the life cycle span where reproduction is most likely. Rising percentages of Puerto Rican children among the city child population indicate this. [6] Puerto Rican migrants find work primarily in the industrial labor force; many are unskilled or semiskilled on arrival; those with skills are often downgraded in occupational status on arrival here; some are in the service trades and occupations, and a few in small business; and the likelihood of out-migration from New York City in search of economic

opportunity is not anticipated for large numbers. The problem of focus on color (less sharp on the island) tends to create further need for identification as Spanish speaking Puerto Ricans to avoid the stigma and deficiencies of Negro status, which makes for a growing consciousness of group identity. [22, 44]

C. Wright Mills and others, in an earlier study, "The Puerto Rican Journey-1950," focused on surveying the attributes of Puerto Rican migrants in two densely populated New York City areas, (Spanish Harlem and Morrisania in the Bronx). Findings emphasized the characteristic homogeneity of the group and the life conditions in migrant communities which tend to maintain difference and adherence to previous norms. [39] He comments on the severe limitations that exist against the encouragement of desires and aspirations --

The Puerto Rican journey to New York ends in the circumscribed worlds of Spanish Harlem and Morrisania. Neither these worlds nor the economic transits to them necessarily spur the migrants to make those identifications that form the pattern of American migration; it is as likely that they will continue to feel estranged, except for a few who gain solidarities with other thinned out Latin American groups. In their slum dwellings, the migrants, especially those of Negro racial type, become pupils and victims of ethnic conflict. [39, p.156]

The willful feeling that the individual can command the future to serve his own needs may be historically characteristic of industrial Protestant culture - but it is not a signal feature of Latin Americans. However much this feeling may have diminished in the United States recently, it is still a principal guideline by which Americans sight their aspirations and plans for the future. Latin American conditions of life have not encouraged this kind of ambitious focusing upon one's future and (willful) search for means of achieving it. Puerto Ricans in New York City, in the quality and connections of their dream life, are again caught between two conflicting cultures; some few have begun planfully to strive but most retain the heritage of their island background. [39, p. 168]

More specific documentation of the pervasiveness of cultural norms, the possible need to maintain them, the unique forms they have

taken in adjusting to the highly complex urban New York environment, is found in a pilot study done by an anthropologist, Elena Padilla. She examines some of the social adaptations and changing culture of Puerto Ricans in a New York City slum. [44] One of the major contributions of this work is the rich sense it provides of the daily living experiences of migrants in their group identifications, the role of nuclear and extended family and kinship, socialization experiences in growing up, and the interactions between Puerto Ricans and the larger culture that surrounds them. It provides an opportunity to see the differences in subgroups, the longer-time residents, more recent settlers, transients, and the variety of patterning in acculturation among these different groups. It is more recent than the Mills' work, and more sensitive to certain details because of its participant-observer methodology (as distinguished from the survey procedures of the earlier study). It tends to support Handlin's notion that our newest arrivale, while unique in some respects from previous immigrants, and apt to maintain stronger group identities because of color prejudice and more limiting social and economic conditions encountered, need not show more than temporary divergence from the experiences of other immigrants. [22, p. 118]

Although difficulties are genuine and grave, there is every reason to be optimistic about the future, if the society of which these people have become a part allows them to act freely and as equals within it. If New York continues to witness, in the next twenty-five years as it has in the past decade, an abatement of prejudice in accord with its tradition of diversity, the problems of occupational mobility, of education, and of competition for space will certainly be eased. Under such conditions, the differences that identify the Negroes and Puerto Ricans will lose their stigmatizing effect and will become the basis for the healthy development of ethnic communities that will be a source of strength to its members. Values defined in such contexts will give meaning, order, and purpose to the lives of individuals and will be reflected back in improvements in education and housing and in a liquidation of the most troubling social disorders. [22, p. 117]

This optimistic view requires not only continuous review of the trends which are indicative of achievement of these goals, but also some attention to the means by which they are to be realized.

The Use Made of Social Services

In the documentation of the life of Puerto Ricans in New York City, there is considerable evidence of "the troubling social disorders" which affect them. [22, p. 117] Economic and occupational difficulties, requiring application for public assistance, the need for medical care for chronic and acute conditions, and problems in individual adaptation to the strains and stresses encountered in family life tasks are some of the more evident pressures.

Beatrice Berle, in her thoughtful pilot study of "80 Puerto Rican Families," deals with some of the information regarding relationship between families and public assistance provisions. [2] In the particular sample in the geographic area she studied,* slightly over one-third of the families had contact with public welfare, as against an estimate for the same time period of May 1957 of about 11 percent of New York's Puerto Rican population in receipt of such aid. The 80 cases included in her study help to indicate the kinds of conditions that require such aid. She ~~proposes~~ that major causes for application for public aid are related to dependent children; low income and large families (often this represents supplementation for low family income rather than total support); and illness. She finds that the length of time for such dependency is related to factors such as injuries sustained at work, medical conditions both occupationally or otherwise incurred, and

* A Manhattan neighborhood in New York City in which many Puerto Ricans live.

disturbances of thought, mood, and behavior; namely, the presence of personality disorders that interfere with the ability to be self-maintaining. [2, pps. 117-129]*

Padilla, in her comments on the relationships between Hispanos and the larger community, points to the sense of powerlessness with which many migrants approach the professional or official world and its representatives. [44, p. 250] The use of paid intermediaries and interpreters can be seen as an example. She points to the variety of stereotypes that exist for both sides. The host culture's attitudes toward Puerto Ricans range from extremely negative suspicions of all migrants to more sympathetic, but often misleading, appraisals regarding special abilities and gifts (for example, all Puerto Ricans are musical or have great talent for handwork) made attributes of the entire group. Often the most sympathetic observers, in their overemphasis on cultural differences and attempts to patronize, also block opportunities for mutual understanding or for individualization. Similarly, many Puerto Ricans carry misconceptions of the nature of institutions and people with whom they must deal, tending either to overpersonify or to misinterpret the impersonality of officials.

Further comments are made on the way in which certain cultural

* Further examination of a table showing receipt or nonreceipt of public assistance by the status of fathers (their residence with the family and employability) tends even more to point dramatically to her generalizations. For those families where no father was in the home (N= 17) some 58 percent received aid, but all aid received was in families where children were under ten years of age. Some 66 percent of families with six or more children (N= 12) received aid - in one-fourth of this group, the father was ill and unemployed. For families with less than six children (N= 39) or with no children (N= 9) the major reason for dependency was father's illness and unemployment. Only two cases were present where father was in the household, well and unemployed. [2, p. 120]

attitudes can affect responses to public assistance and financial help:

Welfare aid, or any other form of public assistance, or even taking advantage of group health insurance under labor union contracts, are, in principle, disapproved of, except under special conditions ... [44, p. 261]

There are certain socially justifiable rationales for accepting such aid. Using a letter written to a public official as an example, she demonstrates how these justifications operate:

First is an emphasis on physical inability to work due to accident. The second is an emphasis on respectability and reliability of character. Third is an emphasis on being "forced" to accept welfare aid because of having nothing else to rely on. In the light of migrant's value orientation and motivation for coming and settling in New York, welfare aid is accepted by them without apparent conflict and with minimal dissatisfactions only under those conditions where the individual can socially justify his inability to be employed. [44, p. 260]

Padilla further suggests that, for people and families who are receiving welfare, "troublesome social and emotional consequences may accompany and follow the satisfaction of economic needs through aid rather than work." She described the effects of such contact and its impact by indicating that families are most sensitive to community opinion and any public knowledge of their dependency. They also have problems relating to the process. The welfare worker is seen as a stranger, involved in an invasion of family privacy, assuming certain authority roles which have traditionally been held by family members. Often there is resentment or lack of understanding of procedures for verification and proof of eligibility that expose family affairs and problems to the scrutiny of others. [44, p. 263]

Berle points out that a good deal of illness and disability often occurs as a direct result of dangers encountered following migration to New York City slums. Among reported street accidents in the group she

studied, the majority occurred in the first year; impairments resulting from poor living conditions and unfamiliarity with industrial hazards were among them and she suggests that it takes "a certain time for both parents and children to work out defenses against the physical hazards of life in New York." She also indicates that

analysis of the pre-migration history of a few cases suggests that where illness or behavior disorders are important motivating forces in migration of a family, the family is not apt to resolve its problems through migration, and that the social reverberations of these problems are intensified in the new environment. It is also suggested that one may expect to encounter a greater number of medical problems in a family where individuals are not "progressing" after migration in the manner in which they had hoped, in contrast to those who believe that they are on the way to achieving their goals. [2, p. 172]

In utilizing medical care, both Berle and Padilla point out that private care is preferred to public or hospital care, again because of procedural problems and also because of the desire for a sense of personalized interest. [2, pps. 107-115] Often, Puerto Ricans are caught in problems of meeting clinic routines, are sometimes exposed to or feel some sense of prejudice in crowded hospital and clinic resources. There are discrepancies in expectations between patients and hospital routines. Clinic staff may often keep patients waiting for long periods, or may set appointments during working hours which may mean "losing the day." All of these factors appear to create tensions in the use of community medical facilities. [44, pps. 265-266] Many patients tend to make use of hospital emergency rooms, so as to obtain quick relief and avoid the more usual delays and anxieties associated with regular clinic attendance. [2, p. 190]

A recent report on responses to prenatal care on the part of unmarried mothers in New York City suggests that cultural influences operate strongly in the use of available services. [3] Study of differential use of social agencies by various ethnic groups indicates that only

ten percent of specialized agency clientele are Puerto Rican (contrasted with 72 percent white and 18 percent Negro) and that one-third of the total group studied (2,600 Puerto Rican unwed mothers) have no casework agency contacts whatsoever. In one-half of the cases, the only contact is with public assistance. Deterrents to use of services for this group are attributed to the lack of conviction about the need for prenatal care, the intrusion of prior household responsibilities for other children, desire for concealment, and fear of medical examinations. The report concludes with the suggestion that substantial educational effort is needed in interpretation of the value of medical prenatal care. [3, p. 152]

Specifics about responses to different kinds of social services is somewhat meager. Few studies have been made and, as in the one just cited, seem to point to the need for more documentation, such as designed in this study, to determine the effects of value systems and cultural influences on client-agency interactions. The social agencies that represent the institutional communal arrangements for intervention and aid in times of stress have available some of the experiences and perceptions which they have brought to such tasks. Examination of the manner in which certain needs have been met, the more precise nature of transactions between the needs of such groups and the ameliorations provided, represents the content aimed at demonstrating the validity of the hypotheses and is presented in the following chapters.

CHAPTER III

METHOD OF STUDY

In the preceding pages, the problem and the potential contribution and meaning of the research effort have been indicated. Chapter I discusses the problem, the hypotheses and their conceptual framework, the definitions of terms used in isolating the phenomena to be observed. Other experiences and explanations of various aspects of the problem found in the background materials in Chapter II suggest the absence of very precise data and the need for study of certain indices of interaction. Further implications are that the findings may have bearing on theory and practice in the areas of social policy and planning, and enhance understanding of the role of cultural factors in social welfare.

The aim of this chapter is to discuss the methods and procedures relevant to the study design and the testing of the hypotheses. Included is consideration of the level of research effort, decisions as to the strategy of the study, selection of data sources, data collection, and data analysis, and how these procedures affect the conclusions and generalizations to be made.

Design of the Study

Planning the strategy of the study required initial consideration of existing levels of knowledge, as well as determination of the aims of the present investigation. It was anticipated that the interrelationships between two major study variables (one presumed to be antecedent), and the outcome of the findings, could be expressed in certain descriptive

regularities in the interactional process. On the basis of prior observations, other research, and identification of current operational experiences, it has been possible to state, for testing, certain propositions about conditions under which certain forms of interaction will occur. These hypotheses (see Chapter 1, pps. 6-7), are explanatory assertions, based on certain assumptions about features in the major study variables, which would describe the direction and amount of positive or negative interaction, (for example, "success" of integration between the client group and agency).*

The study is a diagnostic effort aimed at testing hypotheses which are descriptive of trends and allow for some predictions. Sampling requirements involved consideration of representativeness and size. Major statistical methods used were the analysis of frequency data and the examination of combined or grouped data which differentiated characteristics within the study population or in the agency's behavior.** [32, pps. 53-57]

* Some examples of the assumptions are as follows: Cultural differences, unfamiliarity with new urban modes, physical and geographical mobility affect the "in-put" and movement of the "client group" in interaction with social welfare agencies. Similarly, unfamiliarity with cultural modes, functional specificity in tasks, tendencies to direct service aims at the total community, strong interest or influence from other cultural experience, affect the social welfare agency's performance. These assumptions (discussed more fully in Chapter VI in relation to each hypothesis) underlie the specific behavioral and attitudinal features incorporated in the hypotheses.

** The design of the study is not a formal experimental one. In the sense that it was not possible to introduce rigorous control of the variables, hypotheses could not be explicitly formulated as to exact cause-effect relationships. It is recognized, however, that levels of design in the research continuum are arbitrarily defined. The degree of rigor and explicitness may vary more than the "ideal" definition. Although the independent variable is not of unitary intensity (degree and form of problem, need, or behavior differ among the various "actors" in the client group), it has been possible in the data analysis to differentiate and compare, and to see the client group's request for social services as a generic "in-put" factor related to the consequences and "out-puts" in social agency behavior.

To the extent that the study relied on field data (found in a natural setting and recorded prior to the formulation of the research effort), it might be considered ex post facto. This also reduces the proximity of the design to the classical experiment, since control of the variables and introduction of stimuli were not within the capacity of the investigator. However, as a test of social phenomena in a natural setting, it is believed that it may make a contribution in an area in which present limitations in knowledge prevent more precise conceptualization. It is anticipated that, as a result of findings to be derived, it may be possible to develop more exact formulations for later experimentation and knowledge building.*

Issues common to many ex post facto studies, especially those dealing with social variables, are also found here. The findings may be affected by the fact that all the factors explanatory of group difference may not be included by virtue of dependence on agency record data. Two factors, self-selection and the attribute of "interest in service", tend to differentiate the study population and may be considered a limitation on the generalizability of the findings to other community populations. The study sample is thus distinguished from the other Puerto Ricans who are not applicants for agency assistance.

* A. J. Kahn, in an article on the design of research, comments: "The social researcher who would add to our store of knowledge rather than practice shallow rituals must pursue his subject in the directions demanded by the quest. Where necessary, his 'experiments' will forego laboratory controls; the variables may be poorly formulated and even less satisfactorily measured; and the fundamental designs may depart radically from the classical experimental model. In this spirit, the social work researcher may make use of the variety of only partially-satisfactory designs, substituting replication and modest claims from a given undertaking for the more precise controls sought, and endeavoring to seize every possible opportunity for imaginative experimental design when the appropriate situation is presented." [48, p. 64]

However, the findings would have considerable implication for social agency populations and for the examination of agency behavior. The time period and the selection of cases indicated in the sampling procedures support the applicability of these findings to the social welfare field (see data collection, this chapter, page 41). Additionally, the analysis of contrast groups suggests some approach to differentiations within such study population groups, which tends to provide for some refinements in knowledge which could lead to the formulation of more specific hypotheses for future studies.

The Study Plan

Major tasks in the study plan required the identification of the variables, the choice of a locus for the study, consideration of data collection sources and processes, and methods of analysis relevant to the questions posed in the problem.

The client group studied, its entry into and influence on the situation, was considered to be the antecedent (independent) variable. This independent variable, dealing with the client's use of agencies, concerned itself with factors thought to be significant in client behavior, to have some pulling power, and to be influential in affecting this particular group's "in-put," resulting in certain responses from the social welfare institutions studied. [45, p. 345]

These selected factors emphasized certain community and agency characteristics involved in client behavior; namely, questions of geographical availability and cultural and religious auspices. Hypotheses in regard to client group also predicted a connection between psychological, biological, and social characteristics, degree of acculturation and social development, and the way in which agencies were used.

Study of the social agencies and their responses, representing the dependent variable, were concerned with factors predicted to be of significance to agency behavior in meeting needs. These included perceptual, attitudinal, and behavioral indices reflected in the organizational patterns, policies and activities involved in their structural and functional "out-puts."

The data about the study population, the Puerto Rican subgroup, were of two kinds. Descriptive data were related to characteristics and facts about their residence in the community. Other evidences of individual and group needs and problems were identified to determine how they were connected to interaction with the agencies. Examination of the interaction, in this instance, assumed the needs and problems of such a group were a pushing and motivating force in the initiation of requests for assistance and aid from the interventive facilities, the agencies serving the neighborhood.

The second area, study of the community agencies and their response to the study population, required evaluation of the factors influencing their behavior toward client requests. Descriptions of general functions and forms of assistance, as well as the specific activity in response to the applicant group, was obtained in order to determine the behavior and effectiveness of these agencies in dealing with the needs and problems of a changing population.

Prior decisions had to do with the selection of a geographical locus for the study which would provide significant illustrative data to test the hypotheses regarding the deployment of social services in a changing community as an aspect of urban social change. It is recognized that any community or neighborhood studied would give evidence of

some degree of social change - show some processes of alteration in functional and structural relationships among individual and social institutions. The selection of this neighborhood is related to its possession of certain features, presumed to provide an illustrative example of accelerated rates of change. Two major criteria were involved:

- The evidence or demonstration that the community to be studied was one in process of considerable change, as might be indicated by population shift, changes in residential housing patterns, and changes in the social characteristics of the area's population.
- That a significant number of social agencies existed as institutions having a history of operation in the community prior to current changes. The focus on the interactional patterns would, therefore, not be affected by additional confounding factors. These might be introduced if services were newly established and were in process of creating patterns of involvement and orientation within the community.

These criteria were met by three designated areas of the Lower East Side of Manhattan (Health Areas 74, 78, and 80). This is an area with natural geographical boundaries which had recently been witness to substantial change in ethnic population patterns, as well as to a variety of changes in housing patterns.

The requirement for a sufficiently large Puerto Rican population involved in residential mobility was demonstrated in the changes between 1950 and 1960 for the three Health Areas from 7.5 percent Puerto Ricans in the total area population to 26.0 percent. The proportions for all of Manhattan in the same period rose from 7.0 percent to 13.2 percent indicating a much higher proportion within the selected neighborhood than in the general population. (See Table I, page 53.)

The housing patterns of the neighborhood had been dramatically changed by the construction of new low cost public housing projects, two middle income cooperatives, as well as the changes in ethnic occupancy of

old housing. These residential changes are of consequence for the social and structural pattern of the community and affect the "established" social agencies in their provision of services.

The community social service directory indicated a network of these "established" voluntary social services. [10] They represented all the voluntary social agencies providing individual and group services under professional social work auspices to Puerto Ricans resident in the geographical area being studied. These existed in sufficient amount, with variety in form and type making comparative study of similarities and differences in agency-client interactions possible.

The neighborhood, an area of primary settlement for immigrant groups since the 1880s, has had many social work services over the years. The group work facilities included have all been in existence before 1920; the casework agencies have been serving the neighborhood since at least the 1930s. Most of these agencies have a tradition and considerable experience in providing assistance and education to newcomer groups of varied cultural backgrounds. Such prior experience was seen as an enhancing factor to the study process, (as stated on page 39 of this chapter, the assumption being that this might operate as a nonconfounding factor in accommodation to present day newcomers.)

Data Collection

Data collection processes were related to two major areas:

1. Information about the population to be obtained from the agencies so as to identify characteristics, needs and problems
2. Information for analysis of agency behavior and attitudes in their responses to this population.

The Study Population

The first requirement was for information about the client population served by the agencies. Case records and other forms of agency reporting were the major sources for such data. The agencies, apprised of the interest and purpose of the investigation, gave permission for examination of data on all Puerto Rican individuals and families using their services for the entire year of 1961. While these individuals or groups comprised only a sample of total clients served by the agency, they did represent a universe of Puerto Rican clients within the geographical area selected who made use of these agency services in the study year.

The records of each agency made it possible to identify the members of the Puerto Rican subgroup. The methods for such listing were somewhat different in form from agency to agency, but the basic requirements of accountability and need for annual statistics on client use, applicable to all such social services, made it possible to select the Puerto Rican portions of the total agency population living within the study's geographical boundaries. This was done in each of the sixteen agencies. (See map, page 240.) Street names and numbers within the boundaries were listed. All Puerto Rican individuals and families living within the study area who applied to the agency during 1961 were included.

A data collection card was constructed to obtain the information on status, problems and needs of individuals and families studied. (See Appendix.) The family unit was used as the base for reporting information on individual cases or clients. Single persons were considered as a unit, if there were no other persons in the household. (See Chapter IV, page 51.)

Information on family structure was arrived at through the listing of names, birth dates, relationship to heads of household. Identifying

information included the family surname (and other family surnames, plus mother's maiden name if available*), as well as address, and apartment number.

Other data on client characteristics obtained were the current marital status of the male and female heads of family (information on prior unions when available), information on income sources, religion, size of family, age of members, educational achievement and occupation. Length of residence in New York City as well as in the neighborhood, the nature of housing accommodations (public or private ownership), as well as location of family members outside of the home, were also included.

Data on needs and problems were obtained not only by analysis of reports on characteristics (for example, separation or divorce as marital status, or the fact that income was from public assistance programs), but also in the presenting problems or stated reasons for need for agency service. Other agency contacts by the family, if available from the agency records, was an additional source.

Information on use made of agencies was obtained not only through notation of the services to which the client or family was known, but through recording the dates of application, first appointment, and the form and length of time the case was active in the agency. Prior history of contact with the same agency, as well as multiple use of the network of agency services, was also indicated. (This latter information not only provided

* People with Spanish traditions often show common usage of father's and mother's last name, in that order. Women in Puerto Rico, legally married, can, with propriety, use their maiden names. [44, pps 107-109] Confusion that ensues from such varied usage in New York City, made it seem appropriate to identify the families, wherever possible, by both names, so as to achieve an unduplicated count of families, as well as to identify type of marital status and illegitimate parenthood for the analysis of family problems.

data on client use of services, but also was used in the comparative analysis of agency behavior and response to needs and problems of the population served.)

The Agency Services

Study of the agencies and their characteristics in form, function and the content of the interaction with the Puerto Rican client group was the second major area.

Once the network of the sixteen voluntary community agencies had been identified, a descriptive classification of agency types was developed.* These were related to some of the usual professional categories conventionally used in the social welfare field. The two major divisions by type, individual services and group services, were indicative of program form and stated functions and purposes.**

Individual Services

In the individual services, three major types of voluntary effort were identified:

... Casework-counseling denotes services (usually called family agency services) whose major functions stress aid and assistance to families and individuals of a fairly flexible and generic range. The types of problems dealt with include counseling for interpersonal problems, help in adjustment to persons, such as marital and parent-child difficulties, with problems arising out of mental or physical illness requiring help and

* As might be recalled, the voluntary agencies were selected because of their greater control over agency policy (see Chapter I, page 5).

** The descriptions emphasize the general form and characteristics of such agency types for purposes of definition of subcategories. The specific forms of service giving, characteristic of the individual agencies, are presented in the findings in Chapter V.

facilitation not only with attitudinal and psychological aspects, but also with more effective use of environmental resources. This latter often includes work with severely disorganized lower-class families, faced with a variety of social and emotional handicaps which operate to their detriment. The major services are provided directly by caseworkers, usually professionally educated for such tasks; the form of help, usually, is through interviews with one or more family members.

... Mental health services represent more specialized functions usually aimed at helping to resolve personality and behavior disorders. (In this instance, the mental health services were directed mainly at child treatment in child guidance clinics. Other family members are seen, but the child is considered the primary patient.) The orientation is clinical; services are usually provided by multidisciplinary teams consisting of psychiatrists, psychologists, and social workers. Major responsibility for the clinic's treatment direction is usually carried by the clinical (medical) director. Traditionally, team member functions have been separately defined. Major treatment responsibility for the child patient usually rests with the psychiatrist or psychologist; contact with parents is the province of the caseworker. (Some variations in pattern exist, social workers may treat children under the supervision of clinical personnel.)

... Hospital social services, often characterized as medical social work, utilized casework methods, usually in a medical host setting, such as a hospital or medical center. Functions of social workers involve aid and assistance to patients and their families known because of their medical problems, and deal with environmental problems and handicaps as well as attitudinal factors which present some interference with the

ability of such clients to make effective use of medical or social resources.

Group Services

In group services, two major classes were identified, both emphasizing group processes as the major aspect of program and skill:

... Group work, a form of leisure time service, represents opportunities for formal group processes, recreation and informal education, and places emphasis on certain activities. Often these are directed less toward acquisition of skill or content. Use of group processes and structure is frequently seen as a method to improve and develop social capacities for group life and the enhancement of personality growth of individual members. These may be for children, for adolescents or for adults. The four settlement houses studied are under the direction of professionally educated group workers. They provide either direct service to groups or use supervisory and administrative methods to establish a common structure for the leadership activity of staff and volunteers working in these settings. The major program method used by personnel in such agencies involves work with groups rather than individuals.

... Day care services attempt to provide adequate child care and supervision, given through daily programs for children up to the ages of seven or eight, where other family responsibilities or problems make for difficulty in parental assumption of such roles (working mothers, large families). The major operational program requires staff skilled in working with groups of children from the ages of four to about seven or eight. Casework services are used primarily for determination of family need for such services. Group processes of an educational and custodial nature constitute the major ongoing services. Somewhat different from the other

voluntary services described in the particular facilities studied, there is often joint public and voluntary sponsorship. Eligibility is determined by the public agency's casework staff, under the supervision of professionally trained caseworkers. Group service personnel are drawn less from the profession of social work, the requirements for such staff being more directly related to content from the early childhood education field. However, the participation of the voluntary group work agencies in a sponsoring and consultative role introduces some form of professional group work knowledge.

Specific Data from Agencies

With the completion of the classification of agency types, specific knowledge of each was obtained. An interview schedule was developed and used in structured interviews with the professionals responsible for agency direction (see Appendix, page 235). In addition to data on auspices, form of service (casework or group work), it elicited the agency policy regarding services, information about geographical boundaries, description of specific auspices, sectarian policy, and other aspects affecting inclusion or exclusion of clients (for example, quotas to ensure ethnic or age balance).

Structured interviews with each of the directors or persons having major administrative responsibility for agency services, also focused on the organization, personnel, and general agency procedures. Data were obtained on the proportion of Puerto Rican clients in the over-all agency population, the impression of the group's characteristics, needs and problems, as well as their patterns of use of agency services. This exploration also included the agency's perceptions of gaps and problems encountered in giving services having their sources either in the agency structure or subgroup characteristics. This latter attitudinal portion of the schedule sought the degree of agency concern and involvement, the types of efforts

current and those planned for the future. A final projective question, postulating ideal conditions and opportunity for giving service to the subgroup, asked what would be the kinds of services and procedures that might be developed to meet the particular needs of the group.

Additional findings on agency activity were obtained from the information on the individual and family data cards reflecting specific agency involvement in each case. These gave indicators of the service dimensions and responses, such as application procedures (referral source, dates of application and first interview), data on length of service, as well as the facts on multiple use of agencies.

Data Analysis

Analysis of the data sought to test the hypotheses and determine whether the predictions made in regard to the two major variables were substantiated. The findings developed in the succeeding chapters (IV, V, and VI) represent the treatment of the data toward this end. Chapter VI follows the presentation of basic study findings and considers the degree to which the initial hypotheses and predictions regarding client behavior and social agency functions and processes have been upheld.

Data analysis procedures focused essentially on three major areas:

1. The client group for whom such forms of service are presumed to be available as a response to problems of individual and family stress
2. The agencies, representing the institutionalized forms of community intervention
3. The interactional process in which the articulation between these two entities is to be seen.

The analysis of data in Chapter IV concerned with the client group and its behavior was as follows:

... Analysis of the characteristics of the total study population, which provided for specific knowledge of factors in regard to migration and residence (newcomer status). Data on family characteristics (size, marital status, age distribution), economic status and associated factors of occupation and education, the nature of other environmental pressures; all of these were seen as providing the basis of information for the analysis of needs and problems needed to evaluate the interactional processes between the group and social services.

The treatment of data on needs and problems sought to indicate factors motivating client movement toward the social services, and factors influencing responses from the agencies.

... In addition, this section attempted to examine the characteristics of the study population which indicated the presence of specific problems in individual adaptation and social functioning (financial stress and dependence upon public assistance, housing difficulties, marital conflict, parental inadequacy, disabilities in child adjustment and adult adjustment, indicated by delinquency and crime, mental illness and intellectual deficits, chronic physical ailments, and conditions requiring medical assistance). These were related to the four major categories of family - structure, economic status, problems in personal development and related environmental experience, and presented in connection with the other descriptive materials.

... A special treatment involving the concept of multiproblem status* was devised for evaluating the distribution of the total number of problems by family groups. The question to which this related was the issue of pervasiveness of disorders for the entire group or the location of problem constellations in particular portions of the study population which tended to raise the general level of problem status for the entire group.**

Analysis of agency data in Chapter V concerned itself with factors presumed to be of significance to agency behavior. The presentation starts with the description of each agency's patterns of service,

* The identification of the degree and amount of problems representing serious family disorganization, which often result in extensive and "disproportionate" demands on the total amount of community social welfare services.

** Note the use of the family unit as the basis for statistical reporting, Chapter III, page 41; Chapter IV, pages 58 and 79.

the specific characteristics and activity. The initial requirement for the development of a classification system for the sixteen agencies studied has been indicated (page 43 of this chapter). This classification was used in a variety of ways:

- ... Interagency comparisons among the individual and group services and their subcategories to determine what portion of the total client group is served. This was also related to questions of whether differences in characteristics, problems, and multiproblem status and application procedures (referral sources and presenting problems) were discernible.
- ... Analysis of single and multiple use of agencies to determine the influence or significance of particular classes or types of agency service, within the individual and group categories, aimed at determining the degree of general or specific availability to the meeting of needs. This involved study of the rank order of use, the range of problems known to each agency, the use by families of more than one service.

Analysis of interactional patterns examined client group and agency behavior in relation to the hypotheses (Chapters IV, V, mainly VI):

- ... Specific analysis of the influence of geographical location for both categories of service (individual and group) obtained through comparisons of use as related to neighborhood or nonneighborhood location. (Hypothesis #1)
- ... Specific analysis of the influence of particular cultural and religious orientation, obtained through comparison of agencies (for example, sectarian vs. nonsectarian; or the use of quota membership), and use by the client group. (Hypothesis #2)
- ... Specific study of the influence of location and auspices (hypotheses #1 and #2) upon client use, have been described previously as they relate to agency functions. They are also considered as they tend to influence selectivity or movement on the part of the client group.
- ... Additional evaluation of client use of services (hypotheses #3 and #4) relate to data obtained on client behavior in interaction with agency.
- ... Analysis of other aspects of agency behavior concerned with policies that expressed their perceptions of responsibility. (Hypotheses #5 and #6)

- ... Analysis of agency behavior which demonstrates special interests (agency policy, orientation to subgroup and efforts in programming and staff training). (Hypotheses #7, #8, and #9)
- ... Analysis of agency activity as it was related to technical provisions for helping the particular subgroup (application procedures, use of Spanish-speaking staff, rapidity of response to client applications). (Hypothesis #9)

The differing degrees of functional or dysfunctional articulation between client and agency is the end to which these latter analyses are addressed. In addition to a specific description of operational factors for the client group studied, some of the general questions that emerge are raised in Chapter VII. These have to do with the implications of the findings for the organization and structure of social welfare institutions and the manner in which their performance of functions of social assistance and control are affected.

CHAPTER IV

THE CLIENT GROUP

The data here present a profile of the study population, their characteristics and behavior. The study population is a "client group," a segment of the demographically and culturally identifiable Puerto Rican population who live in Health Areas 74, 78, and 80 in Manhattan. They are part of the "changing population" living in a "changing neighborhood." They represent 340 families in which one or more individual members within the family unit have been recipients of some help (have requested or received agency attention) from one or more of the sixteen voluntary agencies serving the neighborhood.

The family unit is used throughout the analysis of these data. The significance of the family as a social institution seems to make it appropriate. Not only does the family have certain social status and role functions, but is a psychobiological unit in which interdependent interactions have profound consequences for all individual members. Cultural expectations usually assume a high degree of reciprocity and mutual support among family members, so particularly needed when individual members demonstrate certain problems, dysfunctions and difficulties.

Social agency clients often indicate the presence of a variety of problems to which the family and its members may offer positive or negative contribution and influence. In many of these social agencies, case emphasis put on the individual may be necessary to the carrying out of treatment or service responsibilities. However, without the consideration of the family as a whole, the understanding of the larger social

context of the individual's problems are often reduced and fragmented. Therefore, while the individual client members of a given family have been noted in data collection processes, the family is considered to be a more meaningful unit for the analysis of social characteristics and problem data for the cultural subgroup studied.

What then is the nature of the life conditions, social characteristics, problems, stresses, in the particular Puerto Rican subgroup of families who have been studied?

The larger Puerto Rican population from which the study sample comes is involved in many shifts and changes showing the mobility and movement characteristic of many migratory groups searching for economic and social betterment. Not only is it evident that there have been over-all changes in the size of the Puerto Rican population for New York City, but in the areas of residence included in the study they have become an increasingly greater part of the neighborhood population. (See Table I, page 53.) While for the borough of Manhattan, in general, there has been some growth in the size of the Puerto Rican minority group, there has been a dramatic increase in the size of the Puerto Rican population in the three Health Areas between 1950 and 1960. In 1950, the proportion of Puerto Rican residents in each of the three Health Areas was approximately the same as for Manhattan (in the neighborhood of seven percent). Figures for 1960 in the three Health Areas demonstrate the marked rise in the proportion of Puerto Rican residents. The percentages were 25.0 for Health Area 74; 24.3 for Health Area 78, and 30.8 percent for Health Area 80, an over-all increase in actual Puerto Rican population of over 200 percent.

Similarity between the larger Puerto Rican population and the

TABLE I

CHANGE IN ETHNIC DISTRIBUTION OF POPULATION
 NEW YORK CITY, BOROUGH OF MANHATTAN, HEALTH AREAS 74, 78, 80
 1950 and 1960

Area	1950		1960	
	Population	Percent	Population	Percent
New York City:				
Total	7,891,957	100.0	7,781,984	100.0
White	6,889,766	87.3	6,052,959	77.8
Nonwhite*	755,885	9.6	1,116,451	14.3
Puerto Rican . .	246,306	3.1	612,574	7.9
Manhattan:				
Total	1,960,101	100.0	1,698,281	100.0
White	1,431,895	73.0	1,058,589	62.3
Nonwhite*	389,699	19.9	414,053	24.4
Puerto Rican . .	138,507	7.1	225,639	13.3
Health Area 74:				
Total	25,202	100.0	21,788	100.0
White	19,646	78.0	11,619	53.3
Nonwhite*	3,475	13.8	4,713	21.7
Puerto Rican . .	2,081	8.2	5,451	25.0
Health Area 78:				
Total	28,204	100.0	26,452	100.0
White	24,016	85.2	14,969	56.6
Nonwhite*	2,176	7.7	5,065	19.1
Puerto Rican . .	2,012	7.1	6,418	24.3
Health Area 80:				
Total	16,245	100.0	13,529	100.0
White	14,433	88.8	7,598	56.2
Nonwhite*	708	4.4	1,761	13.0
Puerto Rican . .	1,104	6.8	4,170	30.8

Source: New York City Health Department

* Nonwhite in this instance includes Negroes and Orientals resident in the areas. The Oriental population is considered to be a small proportion of the nonwhites. However, it was not possible to obtain this breakdown.

particular study population is borne out by the data on length of residence in New York City of the heads of household.* Approximately three-quarters were born in Puerto Rico (71.5 percent) and more than a quarter of the families (28.9 percent) were known to have migrated within the ten-year period between 1950 and 1960 from Puerto Rico. Only 3.5 percent are native born New Yorkers. Data were not available for 25.0 percent.

TABLE II

LENGTH OF RESIDENCE IN NEW YORK CITY,
PUERTO RICAN CLIENTS, 1961

Length of residence in New York City	Number	Percent
Total study population	340	100.0
Under 2 years.	8	2.4
2 - 4 years.	17	5.0
5 - 9 years.	73	21.5
10 - 14 years.	95	27.9
15 years and over.	50	14.7
Born in New York	12	3.5
Data not recorded.	85	25.0

Additional factors which tend to confirm the mobility of this specific population can be seen in presence in public housing in this neighborhood. The geographical composition of the area itself has been changed by the construction, within the past ten years, of three large public housing low-income projects.** three middle-income projects, and some changes in the occupancy of the old housing.

* Data from the Migration Division of the Department of Labor of the Commonwealth [9] indicate that 76 percent of the Puerto Ricans living in New York City in 1950 were born on the island and this percentage was 70 for 1960.

** Vladeck Houses, the Alfred E. Smith Houses and the LaGuardia Houses.

Of the 340 families studied, 218 (64.1 percent) live in low-cost public housing projects; 121 families (35.6 percent) live in non-project housing. No address was available for one family. It suggests that the "newcomer" status of the particular study population is in keeping with the Census figures indicating sharp changes in this neighborhood population. One of the eligibility requirements for low-cost public housing involves residence in New York City for two years or more. Length of residence in New York City as related to type of housing is indicated in Table III.

TABLE III

TYPE OF HOUSING BY LENGTH OF RESIDENCE IN NEW YORK CITY,
PUERTO RICAN CLIENTS, 1961

Length of residence in New York City	Type of Housing			
	Public (project)		Nonproject	
	Number	Percent	Number	Percent
Total families . . .	218	100.0	121	100.0
Under 2 years. . . .	-	-	8	6.6
2 - 4 years.	5	2.3	12	9.9
5 - 9 years.	38	17.4	35	29.0
10 - 14 years. . . .	67	30.8	28	23.1
15 years and over. .	38	17.4	12	9.9
Born in New York . .	8	3.7	4	3.3
Data not recorded. .	62	28.4	22	18.2

The above data suggest that the study population not only are part of the changing neighborhood, but that they represent newcomers to the neighborhood in substantial majority. Health Area 74, which shows the least population change, according to Census figures, has had no low-cost public housing project within the last ten years. In Health Areas 78 and 80 where 90.6 percent of the total study population resides, 64.1 percent are in public housing.

Characteristics of the Study Population

The hypotheses developed in the introductory chapter as well as background materials (Chapter II) have suggested that new populations resident in New York City communities have some distinguishing characteristics, needs and problems which are associated with their newcomer status. Different cultural adaptations and demands at the point of origin are also seen as influencing adaptation. (See Chapter II, pages 15, 17-18, 21-28.)

Data below will examine this for the Puerto Rican study population. Part I will be concerned with descriptive characteristics, needs and problems for the total group. These data will indicate the distribution of personal and cultural attributes within the 340 families. They will also consider related problems which can be specifically identified representing forms of disturbance, maladaptation, and breakdown in areas of social functioning.

It is to be noted that these findings are based on data available from agency records. It has been assumed that agencies apply similar operational procedures in the recording process, usually have uniform requirements for the inclusion of certain information, common elements in case description. (See Chapter III, page 41.) However, the functional specificity of the agency services in some instances has reduced recording on the complete set of problems that may confront a given family at a given time. Nonetheless, it is possible to say that findings recorded represent all "known" problems and, therefore, a measure sufficient to provide a base for consideration of the nature of difficulties affecting this group. Where information is absent this is noted.

The concept of "problems" includes difficulties in social and individual adjustment and adaptation at various levels. The range extends from difficulties which place pressure primarily on single individuals or families (with less discernible impact upon other persons and the wider social environment), to problems with distinct effects upon many. Affecting the welfare of the community, such problems constitute aspects of behavior so unacceptable or so unsuccessful that community intervention for social protection is required.

In the classification developed here, aspects of this range are recognized. The more severe are those which have been called "disorders."* These are disturbances and problems of sufficient concern to the community to require action or intervention by social welfare and socially directed community services. Those of lesser severity or consequence in community significance, while not in the category of prohibitive, restricted, or disvalued community behavior, may be considered symptomatic indicators of maladaptation. The differences may be clearer if one considers the kinds of severe behavior in parents or children which require findings by family courts of neglect or delinquency, as against less severe behavior symptomatic of poor child-rearing practice. The latter has not as yet reached a level of seriousness requiring community interference by social agencies. Similar distinctions could be made between various aspects of marital conflict expressed in quarreling and evidences of disharmony, and more severe social indicators, such as divorce, separation, desertion and unmarried parenthood. For the purposes of this study, this distinction has been

* This classification is related to the categories developed by Community Research Associates for the variety of conditions and disabilities that are dealt with by social welfare and related organizations. [7, pps. 10-13]

made and "disorders" represent the more severe behavior or problems. (These are specifically identified on page 81 of this chapter.)

Examination and analysis of findings in Part I, show the entire study population demonstrating great vulnerability to stress as seen in the presence of considerable numbers of problems. More specific and accurate identification of where constellations of problems were located was also seen as necessary. Consequently, the data have also been analyzed by a division of the study population into groups of families with greater or lesser difficulty by virtue of the number of problems found within each given family. From this breakdown, it will be evident that one can distinguish certain families as more disadvantaged, more vulnerable and more likely to require intervention on the basis of their characteristics and problems.

In addition to the findings from Part I (page 59) on characteristics and problems of the total group, Part II of the analysis deals with multiproblem families in the study population. The criteria for this treatment of the data are in the introduction to Part II (pages 78-83).

All of the data dealt with in this profile of the study population provide a more precise or specific catalogue of characteristics, needs and problems. They also serve as a required base for later consideration of the interaction of the client group with services provided by the community (Chapter V). Since "needs" stimulate reactions from community services, the measurement of the effectiveness of services is often to be found in the degree and extent to which agency activity is responsive to such a "needs" dimension.

Part I: Characteristics and Problems of Study Population

The analysis of Part I will use the following major categories for consideration. (Tables in the Appendix contain the data on which these comments are based.)

1. Family structure and family functions: size of household, child population, facts about marital and parental functions.
2. Economic status, income, employment and associated difficulties: unemployment, public assistance, educational status.
3. Adaptation and problems in personal development: deviant behavior in adults and children, physical and mental illness.
4. Related environmental experiences and responses: housing and residence patterns.

Family Structure and Functions

Impressionistically what emerges for this group in their family characteristics suggests that in many ways they are representative of the Puerto Rican population in New York in general. In comparison with other groups in the population, some of these characteristics are atypical. In some instances, data are not complete for all families.

The number in the household shows a wider range than usually found in families in the general population. (See Appendix Table II.) The range is from one to 14 members in the household and in 186 of the 340 families, more than half (54.8 percent) there were five or more persons in the household - a total of 1,242 people. The modal family size is five members (73 families). In 113 families, six or more persons are living in the household. There are 1,030 children under 18 in the 315 families with children, 63.3 percent of whom are in households of from five to nine members; 14.5 percent in households of ten or more, and only slightly

more than a fifth (22.2 percent) in households of four or less. This is a distinct variation from general population trends in New York City.* Only 25 of the 340 families were without children; 12 of them were one-person households.

The families with which we are dealing are essentially headed by young adults as judged by age of the heads of household. (See Appendix Table I.) Information was unknown for 30 families (8.8 percent). For those where age of head of household was available, about one-third (32.3 percent) were between the ages of 25 and 34; the next largest group was between the ages of 35 and 44, accounting for 29.7 percent. Almost three-quarters of all heads of household (71.7 percent) ranged from 21 to 44 years of age. The head of household in 66.8 percent of the families were males; 33.2 percent were females. If one examines the data on the 315 families with children, 31.4 percent of these households were headed by "females only." This may have considerable impact on children; 24 percent of the 1,030 youngsters under age 18 (248 children) lived in households in which the male head was absent.

The age range for the child population indicates that more than half of the children (56.9 percent) are under ten years of age, and 85.1 percent are under the age of 15. Adolescents (15-17) comprise only 14 percent of the total children. (Age was not recorded for nine children.) The modal category is between the ages of five and nine and 32.7 percent of the total group are to be found in that category. Only minor differences

* Jaffee's study on Puerto Rican population indicates that Puerto Rican birthrates in New York City are remarkably high, approximately twice the continental birth rate. [31, pps 11, 34]

exist in age of children found in households in which both the male and female heads are in the home and the households in which there are "female heads only."

Figures on marital status show that two-thirds of the group (66.5 percent) are married. Disorders in marital status were accounted for by 24.4 percent of the group. These include separation, desertion, divorce and unmarried parenthood. An additional 7.4 percent represent marriages terminated by death. (See Appendix Table III.)

Some slight indication of the degree of stability in marital status is afforded by the information on prior unions or previous marital status. Only 52 of the 340 families reported a prior union. These data cannot be considered precise and are probably underreported in agency records. These limited figures appear to show more concentration in the female population, accounting for 76.9 percent of all prior unions reported (40 previous marriages for females). The males numbered 17 in all. There were five families in which both male and female heads have had prior marriages.

There are some suggestions that sex differentials may influence the age at which marriage or the start of family responsibility begins. [21, pps. 88, 117] For the 113 households in which there are "female heads only," 45.1 percent of these women are under 35 years of age, whereas only 35.7 percent of all the male heads are under 35. In the youngest age group for heads of household, 18 (16.0 percent) of the females were under 25, as against 6.2 percent of the males.

Difficulties in marital functioning, either meriting public intervention or reported symptoms of conflict affect 115 of the 340 families (33.8 percent). Disorders which have necessitated legal action or

community recognition are found in 76 families (22.3 percent). The largest category is separation or desertion which affect 65 of these families (19.1 percent); divorce accounts for 3.2 percent. Seven persons are unmarried with children. All of these together, therefore, indicate that approximately a quarter of the group show serious difficulties in marital adaptation; an additional 7.5 percent are reported to have less severe problems of marital conflict. An additional category to be considered is unmarried parenthood. While not mutually exclusive from marital disorders above, case data show 9.7 percent (33 families) have had children out of wedlock.*

In parental functioning, complaints regarding the adequacy of handling of children are reported in 42 of the 340 families (12.4 percent). Roughly half of these 42 families give indications of official court findings of neglect, or removal and placement of children in child welfare facilities, because of breakdowns in parental capacity to maintain the family. Considering the large proportion of children in the study population, this does not seem to be a serious or widespread problem.

The large proportion of working mothers, the density in housing accommodations, as well as the number of marital disorders, would normally be expected to be productive of a greater number of parental and child-rearing problems than is evident.

However, it is quite possible that some of the interventive facilities which represent agency activity (particularly day care and

* These findings do not represent cultural features such as consensual marriage, since allowance was made for these by including such couples in the same categories as the legally married.

and group work) may tend to absorb or avoid, by virtue of such substitute care, some of the child-rearing problems that might emerge were such services not available. The fact that other child care facilities, such as foster home placement, are notably in short supply for certain minority groups in New York City (particularly for Negro Protestant and Puerto Rican children), is another consideration. The absence of such facilities reduces the identification of such needs and may thus influence the actual number of such arrangements reported in the study population. The use of private day care, or responsibilities taken by kin either in New York or in Puerto Rico, in line with Puerto Rican cultural expectations for extended family roles, may also affect present findings. [44, pps. 129-131]

Economic Status

Economic status and income production are areas of major interest. It has been stated that one of the significant pushes to Puerto Rican migration has been that one can achieve economic betterment and greater opportunities for employment than exist on the island of Puerto Rico. A number of studies indicate the way in which migration from the island is strongly paralleled by the degree of economic opportunity within New York City. [9, 21, 39, 44] It has also been suggested that as other more stable groups in the population achieve better job placement by virtue of increased length of residence, growth in education and skill, more ability to take advantage of economic opportunities, the need for the less skilled in the labor market is filled by newly arriving groups.

Information on sources of income is known for 87.4 percent of the group. (See Appendix Table IV.) In these 297 families, 48.8 percent receive their major income from earnings only; 23.6 percent are totally dependent upon public welfare, and an additional 17.2 percent are partially

dependent on welfare, eligible for supplementation of earnings or other income. The proportion who have earned income includes 69 percent of all families headed by males and 28 percent of the families headed by "females only." Only 12.9 percent of the total employed group require additional assistance to their earnings. In 20 percent of the families with earned income, both male and female heads are employed.

Data on the types of occupations bear out the general impressions of the place of the newly arrived minority groups as having low status jobs in the labor market. Of the 155 male heads employed, only 11.6 percent are in white collar categories and 56.8 percent in blue collar work. This is even more marked in the female heads who are employed. Here, 87.0 percent of the females employed are in the blue collar group and white collar is only 8.7 percent.*

Examination of that portion of the study population dependent upon supplementation or total financial assistance from public welfare also provides a picture of additional economic handicaps. Certain factors seem associated with such financial dependency. One of these is the broken versus the intact family where it appears that the need for public assistance is related to the absence of a male head in the household. For example, in households where both male and female heads reside (64.7 percent of the total), only 11.8 percent depended entirely on public assistance for income. However, in those households with a "female head only" (33.2 percent of the total group), 37.1 percent were fully dependent upon public welfare.

* White collar includes sales, clerical and miscellaneous skilled; blue collar includes factory work, seaman; service includes beauticians, laundry workers, superintendents.

In a comparison between the partially and the totally dependent on public welfare, again the absence of the male head is closely related to a greater need for public assistance. If one adds to the families fully dependent on public assistance, those receiving public assistance supplementation for insufficient earned income, or pensions, or other retirement benefits, the total is 26 percent of all families where there is a male head. However, in households headed by "females only," where 37 percent are completely dependent on public welfare aid, an additional 17 percent receive partial assistance. This constitutes 54 percent of all households headed by "females only."

There also appears to be a relationship between the size of families and the need for welfare assistance. In the 18 families which had ten or more members (comprising 202 persons in all, 149 of whom were children under 18), half of them (nine families) were known to the Department of Welfare for financial aid. Only one of these families required total financial support, as against eight needing partial assistance. The majority group studied, the category of five through nine family members (49.4 percent of all families, comprising 1,040 individuals), showed 32 percent dependent on assistance from the Department of Welfare. Here there was an even division between the fully and partially dependent (27 and 28 families respectively). In the families with less than five members, the reverse of what was seen in the largest size families is demonstrated. Representing 45.5 percent of the families in the study population (comprising 476 individuals in 154 families), 37.0 percent (57 families) indicated dependence on public assistance. However, in this instance, three-quarters of the families (42) are totally dependent upon public financial assistance as against only one-quarter (15) who supplement

earnings or other sources of income. While public welfare aid seems to be related in some ways to family size (particularly where earned income is insufficient for large families), the findings suggest that other factors within family experience are related to the high proportion of total financial dependency in families with four or less persons in the household.

It would generally seem that economic adaptation and adjustment is one of the prime areas of difficulty for these families. Of the 340 families, 166 (48.8 percent) are currently experiencing stress in financial management, 121 of these (35.6 percent) are either partially or totally dependent on public assistance, as has been noted in the above discussion.

As noted, a fifth of the group were totally dependent on public assistance. An additional 13 percent of the study population report lesser financial difficulties which reflect inadequacies in household budget. (Such difficulties include indebtedness and overextension of credit and temporary difficulty in income production which might lead eventually to later necessity for dependence upon public assistance.) In addition, certain problems expressed in limited skill or irregular employment histories which affect the production of income were included in the count. (An additional 31 families were known to have prior dependence upon public assistance, but were not indicating any problems at the time of report.)

In considering the contribution of environmental factors as against those in which idiosyncratic or personal pathology may be a major cause for financial and economic difficulty, it is difficult to make sharp distinctions between personal attributes and external

conditions. In this area, it would appear that employment opportunity may operate as a significant external factor.*

Language and educational barriers, as well as lack of skill or absence of vocational training also seem to affect capacity to take advantage of employment opportunities. Possibilities for economic betterment often relate to the degree of educational attainment or achievement.

Data on these items were available for only 62 families; this includes 39 male heads and 56 female heads, or a total of 95 persons, approximately 17 percent of the family heads. While these are minimal data, they give some indication of possible trends that might be found in a larger population. In these 62 families (18 percent of total families), while more than half did not go beyond the 8th grade, practically none attended college. Only a third of the group going to high school completed the 12th grade. The data on one or the other of the adult heads in 62 families may be said to reflect the level of schooling in this particular migratory adult generation and is not necessarily applicable to the current child population. It has profound implications for placement in today's labor market, since schooling affects what workers offer in linguistic skills as well as occupational training. One of the interesting sidelights of this rather inconclusive sample is that there appears to be some sex differentiation in school grade attendance. For the females on whom there was educational information, 46.5 percent had attended high school, whereas this was true for only 41.0 percent of the males. High school attendance

* Census data for New York City for 1960 indicate that median income for Puerto Ricans is below that for the total population; that female employment is high in this group; that the unemployed number of males in the civilian labor force is considerably higher, almost twice as much as for the total population (9.9 percent for total Puerto Rican males as against 5.0 percent for the total population).

(considered today to be a prerequisite for most functioning in the labor market) seems affected by other pressures. Examination of the small group of cases in which there was some high school attendance shows 17 of the 24 females attended high school but did not graduate; among the males, 8 of the 13 did not complete secondary education.

Family size, pointed to as a factor relating to dependence on public assistance, affects other aspects of economic status. (See page 65 of this chapter.) While this is not strictly an environmental problem, it is an objective consideration in the way it influences income. Large family size, in a population group not favorably equipped to find positions or employment productive of sufficient income, will encounter financial difficulties despite their best personal efforts to achieve. Previous data in this section hint at some possible differences in causation for such dependency, where this seems more personally induced (as in families of four or less), and where family size alone may be a major influence.

Problems in Personal Development

Certain attributes or actions are traits, characteristics or impairments within the family representing individual adaptation and adjustment. The areas selected for study include health or illness and the ability or inability adequately to observe social rules and norms (for example, deviant behavior). The specific problem indicators used are reports on physical illness, emotional illness or intellectual impairment, and antisocial behavior, such as juvenile delinquency or adult crime in adult and child family members. The following tabulation gives some indication of the health and adjustment problems in all adults and children in the families studied. The outstanding finding is that physical illness is found in one-quarter of the families.

TABLE IV

INCIDENCE OF HEALTH AND ADJUSTMENT PROBLEMS IN ADULTS AND CHILDREN, PUERTO RICAN CLIENT GROUP, 1961*

Problems ^o	Total		Adult problems		Child problems	
	Number	Percent	Number	Percent	Number	Percent
Total families	340	100.0	340	100.0	315	100.0
Illness:						
Physical	89	26.2	55	16.2	34	10.8
Mental ^{oo}	63	18.5	20	5.9	43	13.6
Deviant behavior:						
Crime (adult)	14	4.1	14	4.1	-	-
Delinquency (child)	29	8.5	-	-	29	9.2

^o The count of "known" or reported problems for individuals; more than one member of a family may be included.

^{oo} Represents both mental illness and mental retardation.

There is additional significance to the presence of such individual disabilities and impairments, shown in Table IV, as it relates to the family context and areas of family functioning. For example, mental and physical illnesses or criminal behavior in adults often affect capacity to work and contribute to family life and income. Difficulties in marital functioning often reflect emotional pathology in one or both

* The sources of study data recognizably affect the figures on "known" physical conditions as well as the greater amount of "known" emotional disturbance in children. The specific characteristics of the agency network studied provided for information from the agency records in medical facilities and child guidance services. Therefore, this would guarantee more accurate reporting on disorders and problems connected to their treatment functions and responsibilities. The absence of certain types of treatment facilities, in any substantial amount, which diagnose and treat other particular disorders reduces case finding possibilities. For example, with adults, it was only in such instances where the reporting agency had information on mental hospitalization, or diagnostic statements in agency records, that they were included as disorders. This was also true for children. It is quite possible that the presence of more mental health resources for adults within the immediate community would manifest a greater proportion of adults with emotional problems.

partners and have consequences for both individual and social roles. Delinquent behavior in the child of a given family has serious effects on other family members. The general acceptance, in the study of social behavior, of the multiple connections between individual and social disorders and the notion of multicausal factors, has been frequently stated. However, while such interaction between individual and family behavior is recognized, specific identification and separation of these variables has been undertaken, so that it may be possible later to examine and relate the agency's interventive processes to client problems. The sections below describe features of individual behavior in adult and child adjustment and consider the findings for each category.

Adult Adjustment

The problems reported for the adult population, particularly the major one of physical illness*, indicate strong relationships between environment and person. The particular illnesses reported indicate certain malfunctions and forms which affect capacity for social functioning.

The description of client use by all three medical resources studied notes considerable ignorance or inability to use simple health and sanitary procedures and tendencies on the part of this cultural group (like many other low socioeconomic groups) to be less educated about

* Examples of problems that occurred with considerable frequency were bronchial and respiratory diseases, household pressure in large families or where mother is ill.

It should be borne in mind that the problems reported do not represent the total use of the voluntary medical resources serving the neighborhood. They are only the cases or families in which medical or health personnel have referred them for social work help because of an awareness of the presence of problems within family or environment that might be modified through the work of the social service department.

symptomatology. (See Chapter V, pages 122-125.) Also, the impact of illness upon employment and earning capacity (losing pay) is seen in its effects on attendance at medical clinics.

All of these factors may be influential in the group's tendency to apply for medical help only when conditions have become overly serious. Therefore, it is highly possible that the number of "known" identified health problems reported may represent a minimal account of all the physical illness difficulties that are present. (See discussion in Chapter V on Agency "G" and its connection with a jointly sponsored out-patient neighborhood clinic.)

Some previous comments have been made about the less reliable estimates of emotional disturbances in adults. In addition to the problem of limitations in the sources of data, the role of environment in the production of mental illness and the issue of cultural responses to such deviations should not be overlooked. [2, 44] Even were there more adequate resources for treatment of mental disorders, the problems of acceptance of the idea of mental illness are manifold. What has been noted as a common problem for all families who face the recognition of mental illness in a family member -- the ability or willingness to identify symptoms or to apply for help with any immediacy -- are possibly even more potent in this cultural group. The hopes for remission without medical attention, the fear of admitting the reality of one's observations are perhaps intensified in groups like Puerto Ricans whose level of knowledge is less sophisticated and where certain behavior is not seen as pathological. Berle indicates that "ataques" are a form of hysterical seizure common (among lower class Puerto Ricans) considered by them to be an appropriate and conventional reaction to catastrophe. [2, p. 17]

Environmental pressures and strains involved in the experiences of migration and the often nonfacilitating and discouraging life conditions in the new community are presumed to have considerable impact in the forms of breakdown and mental disturbance which are found in many patients who require hospitalization. [2, p. 205; 30; 43*] Such environmental pressures often becloud the client family's understanding of the possible need for professional aid and help. Accuracy of clinical diagnoses and judgment is also negatively affected. [2, Ch.X; 44, p. 288]

Whether the few problems reported do reflect underutilization of facilities or not, it does seem clear that almost one-fifth of the families had adults and/or children with such emotional problems. This was more notable for the child population and showed in twice as many families. Deviant behavior, as seen in the adult crime rates, seems quite inconsequential in the adult study population, particularly if contrasted with the other areas of individual maladaptation. The reported difficulties also suggest some relationship to emotional disorders; such as drug addiction, which results in criminal prosecution.

Child Adjustment

The findings suggest a fairly equivalent amount of difficulty in all three areas for the families with children. The physical problems were of a nature important enough to be treated and handled by medical resources. Juvenile problems ranged through difficulties in school behavior and learning,

* Marvin K. Opler comments on the role of cultural conflict - "There is the great gulf between ideal or original cultural expectations and what the migrants find existing on the mainland. Their values - what they deem desirable, proper or good - are rarely found." He believes job downgrading and unemployment is more drastic here for males than for females. [43, p. 224]

acute and chronic illness, physical and mental handicaps (retardation, speech defects, deafness), symptoms of depression and withdrawal, truancy and other delinquent acts.

In the area of mental disturbances, the number of retardates are a very small part of the 43 families with children showing emotional difficulties. In the delinquent group where 9.2 percent of the families with children are known to courts or agencies set up to deal with these child problems on an official basis, an additional ten families were indicated to have children showing serious behavior problems. These have a potential for later difficulty either in the emotional or delinquency area.

While these conditions may be the result of certain intrinsic disabilities in the child (for example, organic damage), it is often assumed that children who "act out" or show other disturbed or antisocial behavior have been unable to experience normal development within their families. While higher rates might be expected because of the general life situation and stresses these families encounter, it must be recognized that 85.1 percent of the child population are under the age of fifteen, more than half of them are under the age of ten. This suggests that the full impact of problems in child adjustment may be yet ahead for these families. The usual mechanisms for community identification, and consequent activity by social agencies, police and courts, are focused mainly on older children. The perceptions of community officials and persons concerned with youth problems tend to change with the growing age of the child. The very same children deemed to be in need of psychiatric treatment when under the age of 12 are often placed in correctional institutions when they are older. [5]

Distinctions in causal factors or even in the forms of behavior of children labelled delinquent or emotionally disturbed tend to be somewhat fortuitous. Here, the children placed in the mentally ill category were those showing a degree of emotional disturbance as reflected in reports of diagnostic categories of psychiatric illness, institutionalization in mental hospitals, or the prescription of need for treatment in clinical settings. The groups with delinquent behavior frequently show equivalent diagnoses, and are often prescribed for in similar types of resources. The implications of the findings are not only the possibility that this child population may demonstrate greater vulnerability in adolescence, but that if one were to consider delinquents and disturbed children as similarly maladapted, they already represent one-quarter (25.8 percent) of the families with children.

Other Environmental Experiences

The use of environment is here restricted to some particular physical aspects; namely, housing and residence. It is recognized that other aspects are dealt with in the broader context of the term. In that sense, the entire geographical area, even the agencies themselves, constitute a portion of the external experiences which can be considered as environmental.

Housing and patterns of residence, a specific area of environmental influence, have been previously described on pages 54-55 of this chapter. It was used as illustrative of the nature of the client group as a "changing population." Here it is proposed to deal with it as it reflects characteristics, life experiences, and problems for the study population.

As noted previously, approximately two-thirds of the 340 families are in low-cost public housing (218 families or 64.1 percent). The remaining third (35.6 percent) live in nonproject, usually substandard "old" housing. (No address was available for one family.) The old houses are mostly tenements and small buildings which have sheltered newcomers since the 1880s, many of them deteriorated and overcrowded. The neighborhood, visually, is a study in contrasts. Many of the institutionalized public housing project buildings (recently added to by some middle income high rise buildings) are set back from the streets, with rather sparse vegetation, contributing an air of bleak modernity. Alongside are the narrow streets where one finds an architectural hit-or-miss, an unevenly developed drab range of six-story tenements, older three and four-story brick buildings that are punctuated by the color or shabbiness of small store windows or the clotheslines on the fire escapes.

The response to recent newcomers is seen in the shops where Spanish is spoken, foodstores, "bodegas" and "colmados," the barber shops, and the long established small businesses of other cultural groups where some effort is made to advertise items in Spanish. Much of the residual population are the old Jewish residents for whom some of the neighborhood facilities provide the kosher butcher, the drugstore on the corner, and the cafeterias where the older men gather on winter days when it is too cold to set in the park. Some of the settlement houses, the synagogues still standing, the public library and the parochial schools, both Jewish and Catholic, attest to the past history of this neighborhood. This is a neighborhood in which so many immigrants, in teeming numbers and waves of settlement, from Eastern and Central Europe, have left their traces.

One sees in it the old people who stay on, some of the families who return to "the old neighborhood" to live in the new cooperatives sponsored by labor unions, the continuing multilingual character of speech heard on the streets. This is the area that has become neighborhood for the new immigrants who seek to repeat the history of others, to realize in their own way and struggle with the promises of a new life that New York City has always made.

Those in the client group who live in public housing have had to make applications, submit information, and often have waited for a long time to escape from crowded, most inadequate buildings in other parts of the city, into somewhat graceless, antiseptic, but usually more spacious quarters. To do this they have had to meet certain requirements - their need must be very great (for there is a shortage of such housing); they must give evidence of good character, proof of marriage if one has children, residence in the city for two years or more, evidence of income level if one is working. There is a priority system for those most pressured. Larger families have had to wait until there is an apartment large enough, since the Housing Authority rules attempt to set standards for household density and provide more adequate living space. If all this has been managed, the families in the "projects" are considerably more advantaged than the client group living in nonproject housing. Project buildings are fairly new, maintenance services are more adequate, and there is less crowding.

Questions arise as to whether certain of the characteristics and problems are found similarly in families living in public housing who have met certain eligibility requirements and those in nonproject housing. Some differences appear to be discernible in the areas of marital status and

length of residence. As an example, it can be noted that 70 percent of the group who are married (representing 66.5 percent of the total group) live in public housing. Of the group with difficulties or problems in marital status resulting in the absence of either male or female head of household, 43.8 percent of the nonproject population have such difficulties. Only 27.9 percent of those living in public housing report the absence of either male or female heads from the home.

The availability of public housing is affected by length of residence in the city (see Table III, page 55). Therefore, it is not surprising when one examines length of residence or time in New York City (where known) against housing, to find that only 3.2 percent of the group in public housing have resided in New York City for four years or less, as against 20 percent of the group residing in nonproject housing. Even examining length of residence under ten years, one finds that 55 percent of the nonproject group are more recent migrants, as against 27.6 percent of the public housing project residents.

Further differences between project and nonproject families are noted in rentals paid.* For nonproject families, 38.9 percent pay under \$40 in rental as against 6.1 percent of the project group where this information was available. Although this may indicate that the families who live in nonproject homes in the neighborhood pay lower rentals than those of project families, the results of such substandard housing are not only to be reckoned in economic costs to families but in the additional pressures which are put on the daily living experiences.

* Rental information was not complete for all families; only 186 of the 340 families had such data (54.7 percent).

Housing difficulties for project and nonproject families also relate to density and availability of adequate accommodations. Some picture of the amount of overcrowding emerges from examination of the number in the household and the number of rooms. In family groups of "one to four" members (154 families) information was available for about half (56.5 percent). In 71 families with three or four members, about a third (31.0 percent) lived in three rooms or less. While the pressures on the smaller families are not as great, in the "five to nine" member families, almost three-fifths live in four rooms or less (57.7 percent), with only three families (3.1 percent) living in six rooms or more. In the "ten to fourteen" member families, two-thirds live in housing of five rooms or less.

Although it is not possible to include a specific calculation of housing density because data were not available for all families, the above findings suggest that it might be higher than overcrowding rates for New York City. (Census Bureau uses more than 1.51 persons per room as indicative of overcrowding;) The rates for New York City are 3.94 percent overcrowded. The Borough of Manhattan is 6.62 percent overcrowded, and the Health Areas comprising the neighborhood report the following: Health Area 74, 7.91 percent; Health Area 78, 6.96 percent and Health Area 80, 6.04 percent.

Part II: Problem Families in the Study Population

The previous section has considered characteristics, needs and problems for the entire study population. They emerge as a group of families experiencing considerable difficulty, affecting adaptation and adjustment to life and family circumstances. Causal factors may be located in situations external to the individual or those intrinsic to individual capacity for such adaptation. Simple illustrations are the rates of dependence upon

public assistance, the size of families in comparison to national averages, the problems of level of skill as related to employment, and problems in family structure as seen in disturbances in marital status.

The question which emerges then is: To what degree is this pervasive and characteristic of the entire population studied? To what degree is this the result of specific problem constellations in certain families which tend to raise the general level of problem status for the entire study group? The implication of these particular questions leads not only to more accurate description of the study population, but also may point to ameliorations and the issue of how these needs can be addressed by the community systems of intervention.

The diagnosis of individual families to determine approaches for problem-solving processes is an important way to achieve further understanding of the particular group under study and to develop the implications for dealing with such problems. Buell and Associates, in work done in the 1950s (particularly in St. Paul, Minnesota), have developed a pattern for analysis which is deemed to be quite useful here. [7] The findings of a community-wide study of families, using social agencies, demonstrated that a relatively small group of families in any community are the ones on whom agencies concentrate a high proportion of services. Tendencies on the part of social agencies to use the individual as the case unit often obscured consideration of these individuals as part of families with a concentration of social problems. Studies of other agency populations [5, 41] and other community surveys have indicated the applicability of such findings to many social service populations in a wide variety of locales.

These studies have not only served as documentation, but also suggest some guidelines to social welfare organizations in dealing with such problems. Family diagnosis, or the ability to make analysis of the specific location of problem constellations within larger groups, is not only a refinement in statistical and reporting techniques, but highly significant to the functioning of interventive systems. Community programs interested in prevention and control of social and individual disorders, are increasingly being influenced by some of the public health notions of case finding and epidemiological methods. [11]

What will be documented below is the presence of a small group of families who are "multiproblem" in contrast to the remaining group. [7, 41] Using as a base the disorders or "known" problems within a given family as reported in agency records, classifying them accordingly, the population has been divided into five groups for analysis. (See page 57 for description of concept of disorders.) The definitions are as follows:

Extreme group. These represent families in which, on the basis of known problems there are from three to five disorders, as serious indicators of external or personal difficulty.

Severe group. These represent families in which two disorders are reported as known problems.

Moderate group. These, representing the most substantial group, have one disorder of a nature requiring community intervention.

Potential group. These represent families in which, although known problems were not of the severity or seriousness requiring intervention, there are indicators reported which might have considerable implication for later development into more serious difficulty. Examples are chronic marital conflict where no specific interruption in marital status has as yet taken place; poor child-rearing practices which have not as yet required the use of substitute resources; antisocial behavior on the part of children in a family which has not yet resulted in police or court action.

No problem group. These are families who, although making use of services within the community (primarily recreational, brief medical consultation, or day care) do not seem to indicate any potential or actual problems of any severity.

Of the total number of families studied (340), only 63 families (18.5 percent) were in the "no problem" group as reported in the material available. This means that over 80 percent do indicate the presence of some difficulty in the problem range.

Table V, which follows, presents the distribution of disorders in the three problem categories of "extreme," "severe," and "moderate." Appendix Tables I through VII present an analysis of the social characteristics of the client group and their use of agency service in the five defined problem categories. (The remaining Appendix tables are concerned with the analysis of agency behavior and are related to the discussion in Chapter V.)

There is a notable connection between agency activity and known disorders: Disorders are in part a reflection of degrees of dysfunction or pathology within the individual families and also a measure of intervention required on behalf of these families.* It is assumed that intervention represents a measure of severity because of the requirement for external social control. The problems call for utilization of social institutional resources in the face of breakdown in usual functions of families. For example, financial dependence as defined here is indicated by the reliance upon support from the public assistance system. Marital problems as disorders at their most severe, namely divorce, require legal action by courts; other marital disorders which do not require such intervention are usually indicative of severe breakdowns in family life.

* Sophia M. Robison in her analysis of some delinquency statistics [49] indicates the issue of community identification and intervention as an important determinant of who is so labelled and suggests that "official" recording of offenses may not be representative of the entire universe of offenders. However, it is recognized that it can provide a starting point for the development of further knowledge and action, as in the case of the study group here.

TABLE V

FAMILY DISORDERS BY MULTIPROBLEM STATUS,
PUERTO RICAN CLIENTS, 1961

Family disorder	Problem groups			
	Total	Extreme	Severe	Moderate
Total families with disorders *	223	59	64	100
Financial	121	50	42	29
Marital	79	35	22	22
Illegitimate parenthood	33	17	11	5
Parental	20	12	4	4
Adult: Criminal behavior	14	8	5	1
Physical	55	23	17	15
Mental/emotional	20	14	6	-
Child: Delinquency	29	14	8	7
Physical	34	14	6	14
Mental/emotional	43	24	12	7
Percentage by disorder				
Total	100.0	26.5	28.7	44.8
Financial	100.0	41.3	34.7	24.0
Marital	100.0	44.4	27.8	27.8
Illegitimate parenthood	100.0	51.5	33.3	15.2
Parental	100.0	60.0	20.0	20.0
Adult: Criminal behavior	100.0	57.1	35.7	7.2
Physical	100.0	41.8	30.9	27.3
Mental/emotional	100.0	70.0	30.0	-
Child: Delinquency	100.0	48.3	27.6	24.1
Physical	100.0	41.2	17.6	41.2
Mental/emotional	100.0	55.8	27.9	16.3
Percentage by problem group				
Total	100.0	100.0	100.0	100.0
Financial	54.3	84.7	65.6	29.0
Marital	35.4	59.3	34.4	22.0
Illegitimate parenthood	14.8	28.8	17.2	5.0
Parental	9.0	20.3	6.3	4.0
Adult: Criminal behavior	6.3	13.6	7.8	1.0
Physical	24.7	39.0	26.6	15.0
Mental/emotional	9.0	23.7	9.4	-
Child: Delinquency	13.0	23.7	12.5	7.0
Physical	15.3	23.7	9.4	14.0
Mental/emotional	19.3	40.7	18.8	7.0

* There is duplication since many families have more than one disorder

Physical difficulties within the family are counted when they are diagnosed by medical resources. Emotional and intellectual disorders require either diagnosis or recognition of severity by hospitalization or out-patient treatment in an institution or clinic for the mentally ill.

The Problem Groups

Table V provides the data for examination of the three groups (extreme, severe and moderate). It indicates, as expected, that the "extreme" group shows intrinsic personal and environmental problems in greatest number. While disorder categories suggest some differences in type and cause, interaction between the personal and environmental factors cannot be overlooked. External conditions tend to create social atmospheres which are more conducive to the development of personal stress reactions, such as mental illness, delinquency, and certain types of physical ailments. The rank order of the disorders for the study population does not tend to distinguish between environmental and what might be considered more personal disorders.

Financial difficulties loom as the largest known problems for the entire study population; marital disorders (usually more related to personal adjustment) is second highest. If illegitimate parenthood is added to the marital problem category, financial and marital disorders are almost equal. The third major problem is that of physical illness in adults; the fourth is the mental disorders in children (both emotional and intellectual). All of them seem to have their sources both in person and environment and, therefore, seem to represent the combined effect of external and internal pressures.

What is clearly evident is that the major concentration of disorders is found in the "extreme" group who have from three up to five problems within a single family. This "extreme" group although only 26.5 percent of all families with problems, or a fourth of the total, incorporates all of the problems in a range from 41 percent (child physical and financial) to 70 percent (emotional and intellectual for adults) and so has a concentration of at least half to two-thirds of the problems of the entire study population.

The "severe" group (having two disorders), has a distribution of the types of problems proportionate to its representation as a problem category (28.7 percent). The "moderate" group (one problem), 44.8 percent of the total families with problems, has from about one-fourth of the total number of disorders downward to approximately seven percent. (However, there is one exception; about two-fifths of all children with physical illness - 41.2 percent - are found in this "moderate" group.) This sharp decline in the number of problems from "extreme" to "moderate" groups suggests that the phenomenon of the "multiproblem family" - certain families in whom greater amounts of problems tend to accrue - is accurately demonstrated for this population group as well. The implications for community and agency activity will be discussed at a later point.

The fact that the "extreme" group represents 17.4 percent of the total 340 families, possessing approximately a half to two-thirds of all problems, makes even sharper the implications for careful diagnostic procedures in determining what segments might be considered high risk populations. While it is hard to assign causal factors to this difference, the identification of a severely affected problem group within the study group amplifies the need to understand differential responses and capacities

to endure stress within a newcomer population. Examination of the details may be productive of some particular findings of significance to the planning of ameliorative efforts on the basis of more accurate differential social diagnosis.

Comparative Findings on Problem Groups

The following analysis shows the difference between the three categories of families defined as "extreme," "severe," and "moderate."

The "Extreme" Group

As noted before, the 59 families who have three to five problems as a group account for the largest number of disorders within the total study population. Although they represent 26.5 percent of the categories showing disorders, the distribution of disorders is considerably higher, ranging from 41 to 70 percent. Financial problems are common to all as a major area of difficulty, and physical illness in children is almost equally prevalent for both the "extremes" and "moderates." However, for all the other defined disorders, approximately half are located in this "extreme" group. Particularly notable are the problems of diagnosed emotional or intellectual impairment in adults (70.0 percent) and the breakdowns in parental functioning (60.0 percent). While only a small amount of adult criminal behavior is reported for the entire study population (6.3 percent), the "extremes" account for more than half (57.1 percent) and they also account for 51.5 percent of reported unmarried parenthood.

The oft noticed circular connections between external factors and maladaptive personal responses are clearly reflected in the examination of the problems occurring in combination. Financial problems occur in 50 of the 59 families known to have three or more problems. Physical illness

in adults, children, or both, occurs in two-thirds (62.7 percent) of these families. Other types of disorders are related more to individual functioning; that is, a high proportion of emotional and intellectual problems in the child population (40.7 percent) and problems in marital relations (59.3 percent).

Tendencies to explain the latter on the basis of different cultural attitudes or description of "looser" marital ties do not appear to be particularly helpful if one is concerned with problem status. Viewed in terms of the consequences for constructive family atmospheres, such disturbances in marital interaction often result in absences of significant adults from the household or conflicts between marital pairs (consensual or legal). Data on comparative characteristics of the categories of problem groups (Appendix Tables III and IV particularly), support the presence of factors uncondusive to more effective adaptation. In addition to the measure of marital disorders of separation and divorce, the number of households headed by females only is two-thirds of these families (64.4 percent). These, therefore, affect financial support of the family, and may also influence capacity to provide adequate parental supports presumed to be influential in healthy child development. In the "extreme" group, one finds a greater degree of emotional/intellectual disorders among children (40.7 percent). One-fourth of the families have children involved in forms of behavior considered antisocial by the community (23.7 percent) and there are indications of parental failures that result more frequently in the need for substitute child care. These demonstrate quantitative evidence of connections between various problems operating to the detriment of constructive life experiences for both adult and child family members.

Family size also has some connection to the presence of problems.

Of all the problem groups, the "extremes" have the greatest number of the families in households of more than five members (59.3 percent) and more than half of that group has from seven to fourteen members. (See Appendix Table II.) Data on housing density in previous sections suggest the stress produced by such environmental circumstance is part of the accrual of the variety of problems.

In length of residence in New York City, the "extremes" have the smallest number of recent arrivals, suggesting that their problems are not so directly related to recency of settlement. (See Appendix Table V.) They show more difficulty in income production, 44.1 percent being totally dependent on public assistance, 40.7 percent partially dependent. (Appendix Table IV.) Only one-third (37.3 percent) obtain their incomes from employment. Another feature suggesting more chronic problem status and need for concern on the part of the interventive social agency system is to be found in the small proportion of "self" referrals - perhaps indicating less personal motivation to seek help. Two-thirds of the "extreme" group made agency contact through the suggestions or application of other social agencies, professional persons, or other community resources.

The "Severe" Group

The 64 families in the "severe" category (those with two official problems) are somewhat more than a quarter of the total number of families with problems (28.7 percent) and almost a fifth of the total study population (18.8 percent). They account for slightly more than a proportionate share of financial problems (34.7 percent), adult official or criminal behavior (35.7 percent) and unmarried parenthood (33.3 percent). The remaining categories: adult physical, 30.9 percent; adult emotional/

intellectual, 30.0 percent; child intellectual/emotional, 27.9 percent; marital, 27.8 percent; child delinquency, 27.6 cent; demonstrate an approximation of problems equivalent to the group's position in the overall population. Only parental disorders and child physical disorders are less, 20.0 and 17.6 percent respectively. (See Table V, page 82: Percentage by disorder.)

Within the group itself, the rank order distribution of problems shows that financial difficulties loom the largest, two-thirds of the group (65.6 percent) being so affected. Marital disorders (excluding unmarried parenthood) is the second major disorder affecting a third of them. If one considers unmarried parenthood in combination with other marital disorders, this accounts for difficulties in half of these families. Adult physical disorders are present in a fourth of the families (26.6 percent) and emotional/intellectual problems in children affect 18.8 percent of the group. The remaining disorders rank as follows: child official (delinquency, truancy and antisocial behavior), 12.5 percent; emotional/intellectual for adults, 9.4 percent; physical problems in children, 9.4 percent; adult crime, 7.8 percent; parental disorders, 6.3 percent. (See Table V, page 82.)

Examination of the characteristics of "severes" shows a general reduction of the stigmatizing factors that were so notable in the "extreme" category. For example, in marital status almost half are married or couples living together, as contrasted with only a third of the "extremes." The number of households headed by females (two-thirds in the "extreme" group), is half (53.1 percent) among the "severe" families. (Appendix Table III.)

The age of heads of household shows approximately three-quarters of them (73.7 percent) under the age of 45. On the whole, they are younger

than the "extreme" group where three-fifths (63.0 percent) were under 45. The number of persons in the household is still quite above standards within usual urban population. More than half (54.8 percent) are under four member families, as contrasted with 40.7 percent in the "extreme" group. The number of large households (seven members or over) accounts for a third of the "extreme" group, but only a fifth in the "severe" group. (See Appendix Tables I and II.)

Length of residence, the item "time in New York " is not different between "extremes" and "severes." Approximately 70 percent of the families in each group have been in New York ten years through life. (Appendix Table V.) Therefore, this continues to suggest that, for these families, recency of settlement and requirements for adaptation to new cultural conditions are not important in the production of present problems. In the "severe" group, however, the housing situation is differentiated in that slightly more than half live in public housing. This is in contrast to all other groups where two-thirds or more are so situated. One also sees some reduction in use of public assistance. The somewhat overwhelming figure of four-fifths of the "extreme" group being totally or partially dependent on public welfare drops to two-thirds (67.7 percent) who show need for such public assistance. Over two-fifths of the group get some or all of their income from employment (40.3 percent). (Appendix Table IV.)

The way in which families get to social agencies indicates similar chronic problem status and limitations in ability to ask directly for help. Intervention and concern by others is shown in referrals, with a low proportion of self-referrals (36.2 percent), as against the larger number made by a variety of agency and community resources.

The "Moderate" Group

These 100 families are 29.4 percent of all families studied and are about half of the total group with problems (44.8 percent). With the exception of 41.2 percent of physical child problems, all of this category's problems are approximately one-quarter of all reported problems. These are less than their proportionate or expected share as a sub-population.

Within the group itself, the major category of difficulty is financial. It is found in a quarter of the total group (29.0 percent). In rank order, the next most serious difficulty is marital, accounting for 22.0 percent. Less than a fifth of the families report other problems. Physical problems for both adult and child (respectively 15.0 percent and 14.0 percent) account for the next major groupings, and all other difficulties are found in less than a tenth of the group: child official disorders, 7.0 percent; child emotional/intellectual, 7.0 percent; unmarried parenthood, 5.0 percent; parental disorders, 4.0 percent; problems of adult crime, 1.0 percent. There are no recorded emotional/intellectual disorders in adults. (Table V, page 82.)

These data, in general, suggest that the segment experiencing "moderate" problems may be responding more directly to the stress of external circumstances. In the comparative analysis with other categories, the two categories of physical ailments in children and financial as first ranking are factors which support this view. (Table V, page 82.) In addition, characteristics data point to more positive adaptation in general to life circumstances and much less indication of the concentration or accrual of problems within families. This is obvious from the fact that these families have only a single official disorder. Two-thirds of the

group are married couples. If one adds widows and single persons without marital disorders (only one of the four persons in the single group has the disorder of unmarried parenthood), the portion showing no marital disorder is close to four-fifths of the total group (79.0 percent). This is also shown by the number of households headed by "females only" in only a third of the group. (Appendix Table III.)

Family household heads under 45 years of age constitute 70.7 percent. Family size in more than half of the households is four members or less (53.0 percent) and only a fifth of the group (20.0 percent) have seven or more persons. These figures are not too different from those distributions in the "severe" and "extreme" groups and in common with them, they also have about half of the households showing children under the age of fifteen. (Appendix Tables I and II.)

Figures on "time in New York" show about half had been residents for over ten years; the "extreme" and "severe" groups show higher proportions with longer residence patterns. (Appendix Table V.) This would seem to suggest that this group is still more actively in the process of making adjustment to changes associated with migration. No important differences are indicated from the other groups either in rental patterns or residence in public housing.

Income sources show the more positive status of the group. There is a sharp reduction in reported dependence on public assistance (33.3 percent as contrasted with over four-fifths of the "extreme" group and two-thirds of the "severe" group). (Appendix Table IV.) Sources of referral show a high proportion of direct applications for help (self-referrals, 62.0 percent) in contrast to the frequent need for intervention by other persons and agencies previously noted. This suggests

greater capacity for movement toward sources of help, more positive motivation toward solution of problems than found in the more troubled groups in the "extreme" and "severe" categories.

Problem Groups and Use of Agency Services

Significant to the concept of multiproblem status is not only the question of the larger number of problems accrued in a small group of families in a community, but also the more extensive use and demand this small group of families makes upon community agencies and resources. Consequently, study was undertaken of the use of agencies by each of the problem groups. (See Appendix Tables VI, VII, VIII and XIV.)

As can be seen, the "extreme" group was known to the various types of agencies listed in the two categories of individual and group services. In the individual services, 44.1 percent of these families made use of casework-counseling services in all three casework agencies; the three child guidance services were active with 23.7 percent; and the hospitals (with the exception of the facility in which only two cases were known), were used by 40.7 percent of the families. In group services, almost half of the families (45.8 percent), made use of the four group work agencies, an additional 13.6 percent were known to the day care centers. With the exception of one of these day care centers which had only one child living in the geographical area, the other two services were both used by the "extreme" group. (Appendix Table XIV.)

Additional factors pointing to multiproblem status relate to the number of agencies to which a given family was known. The "extreme" group made multiple use of agencies to a greater degree than is true of the "severe" and "moderate" groups. For example, more than half of the "extreme" families known to casework agencies were known to three or more

of all the agencies. This was also true of the users of child guidance clinics, the group work agencies and day care. The only exception was the hospitals where a larger number of families are known to one service only, somewhat less than half. (Appendix Table VI.)

The "severe" and "moderate" groups, in contrast to the major multiproblem "extreme" group, although showing contact with most of the agencies, also showed considerably less contact as evidenced in the number of families making use of each agency. For the two former groups, individual services, casework-counseling and hospitals, account for most families served, with much less contact with child guidance clinics.* In group service categories, there is less use of settlement house programs, but fuller use of the day care facilities, particularly by the "moderate" group. (This factor may contribute in reducing the potential for becoming a multiproblem family since it provides for supervision of children and a more appropriate freeing of household heads for employment.) In both the "severe" and "moderate" groups, the single agency users are in greater number, as might be expected by virtue of having fewer problems. (Appendix Tables XIV and VI.)

In summation, therefore, it would appear that the "extreme" multiple problem segment does behave differently in use of agency service than is true for either "severe" or "moderate" groups. There are a greater (disproportionate) amount of problems in accordance with the number of families in the "extreme" group, if one were to assume a more even distribution among all families. They also tend to be involved with all forms of service and multiple use of various agencies by single families is much more characteristic. This appears very much in line with observations

* This relates to data sought for hypotheses #3 and #4.

that have been made of multiproblem families in other communities and social service populations. [5, 7, 41]

CHAPTER V

THE AGENCIES

The data here present a profile of the social agencies, their functions and processes, and their interaction with the client study population. These are the sixteen voluntary social welfare organizations which offer their services to the changing neighborhood and to which various members of the 340 families have been known.

The sixteen agencies are examples of typical institutional arrangements provided within social environments. They are seen as having great meaning to individuals and groups who are involved in various processes of social change; such as, migratory populations who enter into new and different locales. The interaction between the Puerto Rican client group and the selected agencies is a particular example of what can occur in the adjustment of persons to a new and somewhat alien culture.

The introduction presents background on the general characteristics of social agencies as need-fulfilling institutions. The next section deals with a description of the sixteen agencies, their characteristics and experiences in dealing with the Puerto Rican subgroup. This is followed by analysis of similarities and differences in the interactional processes related to client characteristics and responses to service.

Introduction

All social welfare agencies are part of a social system and have some common criteria, attributes and activities. They are an organized network of services and institutions aimed at aiding "individuals and groups to obtain satisfying standards of life and health ... the fullest

development of their capacities and the promotion of their well-being in harmony with the needs of the community." [59, p. 138]

The distinguishing characteristics of social welfare activity has been described as follows:

1. Formal organization -- stressing the regular, full-time character and recognition by the community.
2. Social sponsorship and accountability -- the existence of socially sanctioned purposes and methods of formal accountability to distinguish it from comparable services under profit-making auspices either operative under government (public) or other collectivities (private or voluntary).
3. Absence of profit motive as dominant program purpose. This distinguishes it from social welfare programs which may be maintained by industry and are peripheral to an organization's major purpose, -- or those where fees are charged as part of a business arrangement.
4. Functional generalization -- an integrative rather than segmental view of human needs where welfare services are found attached to, or performing in place of, medical institutions, the family, education, industry, wherever this is "unmet need." It supposes a comprehensive view of human needs and personality.
5. Direct focus on human consumption needs -- which stresses the concern with the individual or group need for amelioration of distress, rather than other societal purposes that may also be served (that is, unemployment assistance seen as alleviating personal financial stress rather than as an antidepressant weapon). [59, pps. 140-144]

The above criteria described the general nature and purposes of networks of organized social services that exist in most communities. The substantive activities range widely. They may include exploration of attitudes and problems related to illness by the social service department of a hospital; public welfare work in relation to financial dependency. Other examples are the work of child placement agencies when family breakdown occurs, evaluation of deviant behavior in children by child guidance clinics, informal educational and group work programs in settlement houses

for children and adults. Traditionally, such services have come most actively into play in communities and neighborhoods where, for a variety of social and economic reasons, people are more apt to be under stress. The very rationale for the establishment of services under nonprofit service-oriented auspices grows out of the recognition that certain objective evidences of need are found. It is often sparked by humanitarian desires to ameliorate such problems.

The agencies selected for this study represent community institutions under voluntary auspices. Basic policy and responsibility for the agency is the task of both professional and lay persons. The latter are usually found in the board structure, and are individuals and organizations with social and philanthropic concerns. The former are staff and paid agency personnel (usually individuals with special professional training and competence) who direct and administer the program. (See Chapter 1, pages 3-4; Chapter III, pages 43-46.) All of these agencies perform portion of what has been cited as the "caretaker function." They represent the institutions and individuals "who offer various kinds of care to members of the society." These refer to agencies and individuals who give the "kinds of aid that they think will benefit the client, and who offer aid as an end in itself rather than as a means to a more important end." [20, p. 142]

The Agencies and Their Services

The agencies included in this study have been in existence for a considerably long time. Established long before the current population with its particular cultural makeup arrived in the community, all of them have traditionally had an interest in providing services in this "changing neighborhood."

The selection of these particular agencies in this particular neighborhood was believed to be facilitating in understanding interaction between "client" and "caretaker." The previous experience of the agencies in provision of services to newcomer groups suggested that no new factors other than a new population were, therefore, introduced. (Chapter III, p. 39]

Several questions are involved in the examination of the agencies. Firstly, there is a description of the kinds of services the agencies provide. Such an examination is related to determining if these services (having past experience in serving immigrant groups in need of orientation and acculturation), do respond meaningfully to the subgroup under study. (See hypotheses #5 and #9, Chapter 1, page 7.) Do the institutions and organizations which exist represent a form of social "lag"? Are they more oriented to the other neighborhood groups? (See hypotheses #5 and #6.) Are there differences in their capacity to give services to Puerto Ricans? Secondly, what comparisons can be made of the role of the various agencies? Do certain features within different agencies affect their responses? (See hypotheses #7, #8, #9.) What is the nature of the "fit" of agency activity into the study population's characteristics and problems? Finally, what implications can be derived which can direct attention to a genuine problem-solving process for populations in need?

The agency services as defined are of two major categories. (See Chapter III, pages 43-46.) Three types are in the category of individual services. Major methods are work with individuals usually through casework and individual counseling methods. Directed toward individual behavior and problems, they give considerable emphasis to attitudinal and psychological features.

The other large category covers group services, representing

informal education, recreational opportunities, and other attempts to ameliorate the negative environmental effects through group processes in which people can participate simultaneously. Methods show less tendency to be directed to the specific attributes of individuals, although individual differences in group members are often recognized.

This delineation reflects two defined methods within the social welfare field. The different instrumentalities are both used (casework and group work) to achieve essentially the same purposes. Whether for individual or group these have to do with ameliorative, rehabilitative and preventive functions tied to broader social concepts of help in personal growth and development, self-realization, and the ability to contribute to society.

The analysis of the agency's interactions with clients makes use of the subcategories within individual and group services. The findings are presented as follows:

1. The description of agency structure, policy, personnel and facilities; experience in work with Puerto Rican families, the issues and problems these pose. This information was obtained during the structured interviews with agency personnel.* (See Appendix B, Interview Guide.)
2. A comparison of agencies within the subcategories, and to differentials in client groups served, in regard to family structure, economic status, and environmental experiences.
3. A summary of the interactional patterns in individual and group services.

This is followed by a comparative analysis of these agencies in each category.

* Data on agency practice and experience, staff coverage, etc., are limited to the study year, January 1 - December 31, 1961.

Casework and Counseling

There are three agencies whose major functions have to do with counseling and aid to families living within the neighborhood. Counseling and casework is provided, in most instances, by professionals with special training and competence in such methods. Two of the agencies are located within the study population's residence area, a third is located north of the area, in lower mid-Manhattan, some distance from where families live.

Agency "A"

This voluntary nonsectarian family agency gives service to families and individuals. It is one of the oldest social work programs in New York City. It has played a significant historical role in the development of social welfare services. In recent years, amalgamation of districts has resulted in more centralized services in a few offices located in strategic parts of the city.

In addition to direct services to families and individuals, the agency has considerable interest in social conditions and broad social welfare concern. Organized lay committees, part of the agency's public affairs bureau, are concerned with many social and community issues. The agency has also made significant contributions to the growth of the profession in the field of social work education.

The board includes interested individuals from the wider urban community. Many of them are in the upper socioeconomic strata and are successful in the fields of business, industry and the professions. A considerable number have shown consistent interest in the agency and have participated as board members over many years.

The casework services program, our immediate concern, was previously located in neighborhood offices. These were in low income

and deprived areas where there were many families under stress. The present district office studied serves the major part of the East Side of Manhattan. Its major clientele are low-income persons and families, two-thirds of them nonwhite. Approximately 400 to 500 persons a month are seen either in "continued service" or in making initial applications for help. Referrals (requests for agency intervention) come from a wide variety of sources, such as, other social agencies, both voluntary and official, schools and educational resources, community information services, or by personal request. All cases referred are processed through intake interviews where determinations are made as to whether cases will be accepted, and; if accepted as appropriate for the agency, whether they will need "brief" or "continued" (long-term) service.

The staff consists of between 25 and 30 professional persons, at any given time, headed by a district director and having case supervisors and professional caseworkers. (Students from schools of social work are also provided with field experience.) Services are offered on an appointment basis, interviews with individuals usually lasting for approximately an hour. Since most contacts are at the agency office, clients must use subways or bus transportation. Evening hours are offered in order to establish or maintain contact with clients who are employed or otherwise prevented from coming during regular daytime hours. Home visiting is done on a selective basis according to case needs.

Clients from the particular geographical area under study have never been of significant number, in contrast to the upper areas of Manhattan, where the majority of the client population resides. From time to time there have been special projects in the geographical district we are studying.

Agency "A" staff members have used facilities within the neighborhood for interviewing and contacts with families (for example, Agency "K", a settlement house, see page 134). On an over-all basis, only a small part of the agency's client population is Puerto Rican, the majority of the nonwhite population (about two-thirds of the total population served by the district) is Negro. The agency's impression of its work with Puerto Rican client population (provided by administrative staff) suggests some areas of problem. Some were specific to the Puerto Rican group. Others reflected some general problems in the responses of lower socioeconomic groups to social agency programs.

In this latter, location of the agency was seen as an important factor. A certain "provinciality" or "rootedness" in the residential neighborhood was seen as creating problems for many groups of clients applying for help. (This involved not only the physical distance, but some possible anxiety or trepidation about seeking assistance elsewhere than in familiar surroundings.)

More specifically related to Puerto Rican groups were certain attributes of the agency, as well as of the clients. In the agency, communication is made more difficult by the very limited number of staff members who are Spanish-speaking. (This represents a serious manpower issue for many social agencies in the city, since there is a distinct shortage of Spanish-speaking social work personnel.) While the client group may be able to use limited amounts of English for meeting usual daily needs, this is not always adequate or comfortable when more intimate and personal feelings need to be discussed. The necessity sometimes to use other agencies and their Spanish-speaking personnel to obtain significant information reduces the degree of direct helpfulness in interaction with the agency's staff.

Within the client group itself, there were some notable problems. Puerto Rican clients were felt to show some unfamiliarity with what was involved in responding to the agency. The problems brought to the agency were often related to difficulties in family relationships, such as, marital conflict and, even more frequently, parent-child relationships and child adjustment, particularly as noted by schools and educational personnel. However, the marked degree of pervasive social and environmental pathology often affected the client's perception of need. Pressure for solution of concrete and immediate problems often precluded their ability to see much value in help with more chronic problems. Attitudinal and behavioral problems that might be amenable to long-range treatment were often seen by clients as requiring limited emergency aid. Therefore, many of the problems of Puerto Rican families had to be dealt with as short-term cases related more to the immediate and often temporary solutions.

Agency "B"

Agency "B" is a district office of the Catholic welfare services in New York and offers help to individuals and families primarily on a sectarian basis. The office is geographically situated to serve the needs of the Lower East Side, the area goes from Houston Street to the Bowery and up as far as Fifth Street, encompassing 25 church parishes.

There are approximately 400 cases per month. One-half of these are "brief services," the others require long-time efforts in amelioration. A large number of referrals come from persons on their own initiative. Referrals are frequently made by parish priests, and a smaller number come from official and voluntary agencies and the schools. Since the agency office is located within the neighborhood, requests for services frequently are made by in-person applications rather than by appointment which makes

fairly rapid decision and disposition of problems possible. A large proportion of the clientele is Puerto Rican. In addition, families who reside in the long established "Little Italy" community also use the agency.

Staff consists of a director and seven workers, the majority of whom are Spanish-speaking. In addition, there is one Spanish-speaking clerical person. Personnel are both religious and lay persons, the majority having special professional training. Three case aides, who have some partial experience and training, are an addition to the eight regular staff members.

A great many of the problems brought to this agency are of a concrete and environmental nature. These are dealt with either by direct aid or by referral to resources which provide financial and medical help. A good portion of the agency budget is spent on relief and financial aid. Clothing needs for children, infant layettes, monetary assistance for special problems, such as, funeral expenses, acute illness conditions, are a considerable part of the agency's work. In addition, the problems of marital stress, child placement needs, support to families through crises, are an equal part of the demand. Observations of the agency demonstrate the availability of services to "drop-ins" and the frequency of direct and in-person applications. The atmosphere is generally encouraging and since a number of the personnel speak Spanish, some of the initial handicap of language barriers seem rapidly dispelled.

Discussion with the staff members responsible for the district's program indicates considerable awareness and understanding of the pressures and nature of life circumstances confronting the Puerto Rican client group. The impact of housing and economic stresses, accompanied by health

problems, family conflict and child disturbances were noted. Help with adaptation to changing conditions was seen as an important focus for work with the client group as newcomers unfamiliar with complex urban life. The presence of Spanish-speaking staff was seen as facilitating communication. Giving help to clients, pressed by environmental and family problems, has also required much interpretation to other community agencies. Many of the clients seem unsure or unable to make their way to other resources without support and explanation. A good portion of the "brief service" cases are of this nature, and help is given in referral intervention to enable persons to seek appropriate help.

In addition to referral work within the agency, services are aimed at clarification and help. Such continued and supportive services are provided not only by the district staff, but by use of other divisions of the diocesan social work program. Facilitation of economic adjustment through vocational and employment counseling services, exploration of specific family and child problems through the child guidance and child placement divisions, are examples. Some work in prevention or early identification emerges from the community sphere in work with parish priests and parish schools, where there is joint consideration of emerging problems in certain families or individuals. Essentially, the referral and consultation activities within and outside the agency, reflect an understanding that not only is there a need for direct and continued casework counseling, but that many families can be helped through other community facilities.

Agency "C"

A "personal service" program is part of the work of this nonsectarian settlement house (Agency "L" in group services). The office is in a housing project where the settlement also has a community center program.

It is available to clients on a walk-in basis. One of the two Personal Service staff members is Spanish-speaking and does the major part of the work with Puerto Rican families. Referrals or information about these services are usually through the personnel in the parent agency, the Housing Authority staff, or persons in the neighborhood. Many environmental services are provided in addition to assistance around family crises and chronic situations. Clients bring medical and financial problems, as well as requests for intercession and clarification with official agencies; the Welfare Department, the courts and the police. Examples include support given to families by accompanying them to other agencies or the Juvenile Court, and referrals to family planning clinics. The majority of cases receive brief service. However, families return for additional consultation and follow-up on continuing problems and new crises.

Pressures of work are enormous, particularly for the Spanish-speaking worker. Emergency situations are frequent. This tends to affect the ability to keep full records of case activity. It was, therefore, rather difficult to ascertain some of the specific reasons that families applied to Personal Service in the study year. This was in contrast to other casework-counseling agencies where recording and agency activity was available in practically all cases.

Despite the absence of specific case information in all cases, the agency's impact and importance to Puerto Ricans is implied in the fact that this agency's caseload is the largest of all within the casework-counseling group. The total number of Puerto Rican families active in Personal Service during the study year was 261; information was available for almost two-fifths - 95 families. These 95 families are slightly more than half (60.7 percent) of the total number of 154 families known to casework-counseling agencies.

Consultation with staff members and observations made during the course of data collection suggest certain problems in dealing with this client group. The agency's major activity is provision of brief services. There are a large number of families who respond to the geographical availability and facilitation of communications in the presence of a Spanish-speaking worker well known to the Puerto Rican community. Brief services can be appropriately used by persons with temporary adaptational problems, or by those who require steering or facilitating efforts. However, for families with more chronic and pervasive difficulties, who consistently experience crises, there may be need for more intensive and continuous casework activity. (This is particularly important if one considers case goals which aim at generally improving social functioning as well as coping with immediate issues.)

The caseworkers' present work with the client group is affected by client behavior as well as gaps or problems in the service network. Notable is the client's tendency to present very acute and emergent situations. Many of the clients depend on intervention from the worker in interpretation of their needs to other agencies; for example, many of the cases known to public welfare come to the attention of the Personal Service worker when finances or housing needs are extreme. These conditions are often the result of both client attitude and inadequate perception by other agencies. Supportive and explanatory efforts are often enormously time-consuming.

Nonetheless, observations of the program gave evidence of great responsiveness to Puerto Rican client group needs. It was clear that services are provided with immediacy and concern. Rapid determination of the problem, disposition or referral with encouragement to return and discuss the outcome is characteristic of the help offered. The staff members'

competence, interest and desire to deal with clients also is reflected in perceptions of the effect of other social conditions on these families. The tie-in of other facilities within the agency's program (educational and recreational activities), the workers' participation and use of other community programs (for example, public health and family planning clinics), seemed indicative of a broad view of the population's general needs for adaptation to the social milieu.

Comparison of Casework-Counseling Agencies

Analysis of the data that are used is based on the tables that report the findings on agencies. (See Appendix Tables VIII through XIV.) The three casework-counseling agencies served a total of 154 families. Agency "A" has given service to 11.0 percent of the group, Agency "B" to 36.4 percent and Agency "C" to 61.7 percent. Fourteen families were served by two casework-counseling agencies.

Family structure data consider household size and marital status. (Appendix tables IX, X, XI.) In making a comparative analysis in regard to age of household heads, it should be noted that for 23.5 percent in Agency "A" information is lacking (considerably higher than the 5.4 percent and 6.3 percent for Agencies "B" and "C"). While this does reduce the accuracy of comparison, certain trends are noticeable. The modal category for Agency "A" is the age range between 25 and 34 suggesting that the major population seen is young. There are similarities in Agency "B" where 42.8 percent of their population falls below the age of 35. What is notable about this young population is the fact that about a fifth of the total group (21.4 percent) are below the age of 25. The more substantial portion of the population under the age of 35 is less evident for Agency "C", (28.5 percent). As might be expected with such a distribution, Agency

"C" also has a considerably higher number of persons in the 45 and over category, about two-fifths of the group (41.1 percent). (See Appendix Table IX.)

In considering household size, the five to nine members category seems to be a modal category for Agencies "A" and "C". However, for Agency "B" more than half of the families known to them have four or less members. This may be related to the fact that the population age spread is considerably wider for Agency "B". The higher proportion of smaller households may reflect both the younger population, as well as the older population in their caseload. Even using a cut-off point of "seven members or more" Agency "B" has considerably less of these households in its care than is true of Agency "A" or Agency "C"; Agency "B" shows 17.9 percent, Agency "A" is 29.4 percent and Agency "C" has 32.6 percent. (See Appendix Table X.)

Agency "A" shows the highest percentage of families in which the heads of household are married and living together (70.6 percent). Adding persons who are widows (marital status terminated by death rather than by problems) roughly three-quarters of the families (76.5 percent) present no indication of serious marital difficulty. Agency "C" is similar. Although the reported number of married couples is five percent less than that of Agency "A", the addition of the widowed group makes them approximately the same; that is 76.5 and 76.8 percent respectively. In Agency "B", while somewhat more than half (57.1 percent) report no marital disorders, even with the addition of the widowed group, this is two-thirds rather than three-quarters. A higher amount of marital disorder is correspondingly noted (30.4 percent of the group are separated or divorced). (Appendix Table XI.) Agency "B" also indicates a higher number of households headed by "females only." (See Appendix Table IX.)

Data on economic status do not seem to show marked distinctions between the agencies. It is to be noted, however, that for more than a quarter of the group in Agency "C" information was not available; in Agency "A" this was approximately a fifth. For the known categories, however, half of Agency "A" and approximately a third of Agency "B" and Agency "C" were families who were totally dependent for income from public assistance. Both employment and partial assistance seem fairly equally distributed, but it is to be noted that a much larger group in Agency "B" are dependent upon relatives and "other" sources of income, including court orders for support. (Appendix Table XII.)

Length of residence in New York and public housing occupancy are the two items to be considered under "environmental factors." It is to be noted that both for Agencies "A" and "B" the absence of data on "time in New York" is quite marked and therefore these data are suggestive rather than precise. Only in the case of Agency "C" is it possible to determine the distribution with some accuracy. It would appear that more than half of the group had been in residence for ten years or longer. The available data for the three agencies suggest that ten-fourteen years is the modal category; Agency "B" is the only casework agency with population who had lived in New York for less than two years. (See Appendix Table XIII.)

The relationship to public housing where data are available for all but one family, would be in line with the findings with regard to Agency "B" where less than half of their population live in public housing as against three-quarters for Agency "A" and more than two-thirds for Agency "C". Since eligibility for residence in public housing is predicated upon a certain length of time in residence in New York City, it suggests that Agency "B" is dealing more extensively with newcomer populations than may

be true of the other agencies. It should be borne in mind, however, that Agency "C" has more than a quarter of its population in residence for less than ten years and this represents a fairly close approximation to the proportions given for Agency "B". (See Appendix Table XIII.)

Mental Health Clinics

Three child guidance clinics serve the geographical area - two located within the neighborhood, the third outside. These clinics offer diagnostic and treatment facilities for children and their parents in need of such specialized services. Unlike casework-counseling agencies which deal with a range of individual and family problems (for example, marital conflict, problems in financial management and budgeting), these services are particularly directed toward aspects of child behavior indicating maladjustment, maladaptation, or deviation from the usual norms and expectations. These may result from many causes; personal deficits and lacks, extreme pressures from environment and family (often in parent-child relationships), or a combination of such factors. The clinics' specific concern and focus is usually on child problems that seem to require psychiatric diagnostic evaluation and/or treatment which is psychologically oriented.

While similar difficulties are sometimes treated in family service agencies, the specialized nature of guidance and mental health services is often thought to require high levels of professional training and skill. Clinical procedures frequently involve team functions for diagnosis, using psychiatric consultation, psychological diagnosis and testing, as well as exploration and counseling services provided by caseworkers. Child guidance clinics, in accepting cases, consider the degree of severity in the child's problem that make him the major focus for agency efforts. In addition,

it is presumed that more specialized skill and interdisciplinary evaluation is needed for the amelioration of these problems. (While psychiatric consultation is available within casework-counseling services, that is family agencies, it is not a regularized process in the attention given to each case.)

The three mental health clinics in the community are described below:

Agency "D"

This clinic is a division of the Catholic diocesan social welfare program. It is open to referrals from the community, and also offers diagnostic evaluation and treatment services to other service branches within the larger agency. It is located in a central building occupied by its sponsoring body, outside the neighborhood area in which the clients live. It serves Catholic children, aged five through eighteen, male and female, residing either in the Borough of Manhattan or Staten Island. Some 20 to 30 percent of its total caseload are children from Puerto Rican families. Staff consists of eight social workers, eight psychiatrists (giving consultation and treatment on a part-time basis), seven psychologists, and a remedial reading specialist. (It is also a training resource for students in all disciplines.) Spanish-speaking staff included one psychiatrist, three psychologists, a remedial reading teacher, and one caseworker.

Referral sources for the Puerto Rican caseload are the parish priest, the schools and other agencies. A considerable number of cases come from the family service division - and interagency connections. The Puerto Rican client group is scattered throughout the borough, residing in East Harlem or on the Lower East Side. The staff's experience in offering

treatment indicates some problems in dealing with Puerto Rican families.* The marked degree of social stress and pathology within many of these families is seen as tending to reduce their energy and capacity to focus (with agency personnel) on the emotional problems presented by the children. Major symptoms of the children referred seem to be related to anxiety and confusion regarding personal identity. These often reflect the problems of broken families; the absence of opportunities for male identification. Many of the parents have had limited exposure to psychological concepts of child-rearing and tend to be less conscious of the possibilities of counseling help. They are not always physically available for interviews because a higher proportion of both Puerto Rican parents are employed than in the rest of the caseload.

Differences in language and culture also reduce communication of problems and interfere with client responses to help. (Cited are examples of families with beliefs in spiritualism or magic.) [44, pps. 125-126; 56, pps. 49-84] Parents' requests for help tend to be more related to obtaining education and direct advice and they have little perception of the complexities of emotional problems or forms of psychiatric treatment. For example, children with relationship problems are often seen by the parents as requiring corrective placement in a "colegio" (a religious boarding school). This method for dealing with the difficulties and problems (in comparison with usual cultural views), is not perceived as evidence of parental failure or parental incapacity. Rather it is a

* The impressions offered represent the clinic's experience with Puerto Rican families in general, but were felt to be applicable to the three families who were the only clients from the study population for the year 1961, and who were referred by the family service division (Agency "B").

a provision which the parents think would be appropriate and educationally beneficial for the child. [44, p. 182] Language and cultural barriers create more pressure in environmental and social circumstances and affect the child's adjustment. Problems in school behavior and ability to learn, when examined by the clinic staff, show students not ready for age-appropriate grade levels and unable to live up to usual educational standards. All of these factors contribute to difficulties in employing diagnostic and treatment methods with Puerto Rican families. They affect the applicant family's understanding of the purpose of agency service. Such differences in background and culture also tend to reduce the clinician's capacities to be knowledgeable and helpful.

Agency "E"

A child guidance clinic sponsored by the settlement house in which it is located, Agency "E" is directed to families living within the neighborhood (see description of Agency "M"). The children and adolescents known are referred mainly by schools and other social agencies in the area. Staff consists of a chief clinic social worker, plus two additional full-time workers, a psychiatrist and a psychologist who offer part-time consultation. (The latter is Spanish-speaking.) The clinic also is a training resource for social work students.

Intake is open to all groups, but service is limited because of the small amount of staff. It was the feeling that mental health services would need to be enormously expanded, if they were to begin to touch the community's "unmet" needs. The program places special effort into relationships with the public schools. Some similar problems are those noted in Agency "D" and have to do with the relative lack of knowledge by the client group of the purposes and methods offered by the clinic. Problems

are complex and they are affected adversely by the social and economic conditions of these families. Language and cultural differences exist as barriers here, as elsewhere.

Because of the location of the agency on the edge of the geographical district studied, the number of families included is small - four cases in all. However, the services given to the families in the immediate neighborhood are more extensive and deal with the various subcultural groups to be found. Many of them are from minority groups, Negro and Puerto Rican, as well as some white families that have been resident in the area for a longer time.

Agency "F"

Agency "F" is the clinical service that is the most used of the three studied.* Located in the center of the geographical district, it is sponsored by the settlement house (Agency "L") that has the largest client population within the group services. Families are referred because of the serious behavioral and emotional difficulties of children. The major sources of referral are the schools and the settlement program. Staff consists of the director, four full-time social workers, psychiatric and psychological personnel on a part-time basis, and specialists, such as group therapists and remedial reading teachers.

The majority of the families helped are of low socioeconomic level, of minority ethnic groups, the two major ones being Negro and Puerto Rican. Many of them are beset by severe social difficulties, and focus on

* The clinic served more than three-quarters of the client group known to mental health resources (26 of 32 families), and represents the major source of specific information of client use in the area of child guidance services.

emotional aspects of disturbance is interfered with by the many other environmental pressures. Problems attested to are similar to those indicated for the other two clinics. They include the family's limited awareness of the problem and the nature of the helping process; the tendency to explain children's difficult behavior without awareness of the emotional factors (for example, "loco" or "bad"); "alienation" from the larger community's sociocultural values and a high degree of social and individual pathology within families.

The clinic has been developing some special treatment programs because of their concern for problems encountered. [34, 35] They have had specific concern with the group of children in the community under the age of ten who are suspended from school. Many of these show learning disabilities, coupled with behavioral disorders of such severity that they could not be maintained in regular school settings. Their efforts resulted in an experimental three-year program, started in 1960, undertaken in cooperation with the Board of Education. Classrooms located in the clinic, as well as a battery of services from clinic personnel, have been used. Out of this program also there has been some exploration of techniques in group treatment, and the planned use of home interviews. [34] Additional efforts at expanding community service have been made through reduction and simplification of agency procedures, such as recording and supervision, in an attempt to make more time available to the client group. [35]

Comparison of Mental Health Clinics

The three child guidance agencies, in general, serve only a small proportion of all families studied. They represent only about nine percent of total services to the study population. In addition to the

small number of cases, two of the agencies, "D" and "E", have three and four cases respectively, more than three quarters of the total clinic population (81.3 percent) being known to Agency "F". The small number of cases makes it difficult to do interagency comparisons. The analysis, therefore, will deal with the total client group with some comments on possible differences between the three agencies. It is to be noted that the small proportion of cases in two of the agencies may, in part, be due to the location of services. Agency "E" is on the northern border of the area studied, and Agency "D" is located elsewhere in the borough.

Examination of family structure indicates an extensive range in numbers of persons in household, but the great majority of all families known to mental health clinics live in households of four or more. Regarding marital status, the findings show most families in this group are married couples. However, over one-quarter of the households are headed by females. Where known, age of household head is under 35 for half of the cases and only two families had a household head over 45 years of age. (Appendix Tables IX, X, XI.)

Sources of income indicate a high proportion of employed persons, but it is to be noted that about half of the group have some connection with public assistance. Five of the 31 families for whom data are available, are totally dependent and an additional 10 have some partial dependence. While the number of cases known to child guidance clinics is small, it suggests some specific areas of difficulty for them which may relate to family size (three-quarters being five or more member families) and may explain the proportion of the group dependent upon public welfare. (Appendix Table XII.)

In residence patterns, approximately four-fifths of the group live in public housing, and all of them have been in residence in New York for more than five years, with more than half of them in the ten-year and over period. (Appendix Table XIII.) This also seems to suggest that this group is responding or reacting to pressures in which newcomer status (that is, unfamiliar or new pressures) is not a major explanatory factor.

Hospital Social Services

The social service departments of three voluntary hospitals serving the neighborhood were included in the study. Emphasis is on specific activities of the social service departments only, rather than the total hospital. The cases studied are the ones in which social services were seen as needed and assistance was given. Although they represent hospital services, they are identified here as "agencies."

While none of the three facilities is immediately in the district, Agency "H" is located within walking distance of the geographical area studied; the other two, "G" and "J", located next to each other, are a considerable distance. Agency "G", in part a teaching hospital, has supervisory connections with a public outpatient clinic in the heart of the geographical area and is often utilized for referrals to inpatient services.

Agency "G"

This is a voluntary general hospital serving the East Side of Manhattan up to 42nd Street. In the course of a year, the social service department deals with large numbers of families, an annual count of approximately 2,300 to 2,500. About three-fifths of the cases are completed as brief services, the rest represent longer term cases. Most of the families served come from the more immediate geographical area, including a considerable number of Puerto Ricans. This suggests that, in addition to our

study population, the hospital has had a broad experience with Puerto Rican client groups.

Staff consists of the director of social service, an assistant to the director, two supervisors, eleven full-time caseworkers and some part-time caseworkers, one of whom is Spanish-speaking. Observations indicate language barriers make for considerable difficulty in communication and clarification of problems. Staff shortages (a common complaint in all agencies) also create some pressures in being able to deal with case problems as soon as they occur.

Many requests for assistance reflect situational crises, and create considerable demand for concrete services and help in ameliorating environmental problems. Socioeconomic deprivations are very great for this group, housing stress in relation to family size has been noted. Cultural expectations seem quite different from usual norms, as indicated in the Puerto Rican family structure and what are described as "looser marital ties." Some of the clients' "naivete" or lack of awareness of how agencies can help also affects the staff's ability to serve the group. It was noted by the director that staff's insufficient awareness of cultural differences makes for lapses in accommodating to some cultural features, and sometimes results in the tendency to fall back upon stereotypes for the explanation of differences.

These factors have influenced the hospital and the director of social service to plan for more specific staff training aimed at more effective services for the Puerto Rican group. In addition to introducing a Spanish language course for staff members and attempting to involve volunteers with Spanish language skills as interpreters, the hospital has also tried to develop greater selectivity in providing treatment for

special groups. The increase in the number of obstetrical cases, for example, prompted special focus on those families where preparation for the first or second baby might be needed. Not only is this seen as of special assistance at a particular stage in family cycle, but it is thought that it might positively affect continuing child-rearing patterns. Concern with the client's often noted need for continuity in patient-doctor relationships has led to a clinic appointment system in which the same physician, rather than the several on the service, might be regularly involved with a given family or client.

In the social service department, two factors have been stressed in inservice training: the better understanding of the role of cultural factors, and the more effective application of usual casework methods to the Puerto Rican group. The former involves helping staff become aware of their stereotypes and tendencies to overlook certain cultural differences. The latter examines areas of client modification; for example, helping families to utilize available resources more fully and increasing the client's "involvement" in being helped. These are considered by the staff as they might determine the effects of culture and the effects of problems on the client's capacity to make better use of hospital social service and medical care.

The over-all hospital program is increasingly concerned with health and family life education which relates not only to the provision of medical services, but to the effect of these upon the family's functional capacity in the context of the total social environment. This has resulted in study of distinguishing features in the client group. Consideration has been given to cultural aspects of family structure, multiple marriages, and the implications of such family behavior on child development.

The relationship between the public outpatient hospital in the neighborhood study area and the services offered by this particular hospital is of some interest. Administrative coordination has provided some dovetailing of outpatient and inpatient care. Staff from the outpatient center often participate in inpatient activity, such as ward rounds and medical conferences. This has provided greater mutual awareness of problems of patients from the study neighborhood. Interaction between the two services seems facilitating of referrals from outpatient to inpatient care; the referring outpatient physician has specific knowledge and can interpret the hospital's inpatient care. These factors may be explanatory of the greater amount of activity of this hospital social service department with patients in our study population. (This hospital has the largest number of clients from the study area.)

Agency "H"

Agency "H" is a voluntary general hospital located closest to the client neighborhood. It has no restrictions as to whom it serves. The area covered is both the Lower West and Lower East Sides (south of Canal and from the Hudson to the East River). Psychiatric, medical, surgical, orthopedic, gynecological services are offered as well as physical medicine and rehabilitation. The social service department responds primarily to referrals made from within the hospital.

Personnel consists of the chief social worker and four professional social workers, one of whom is Spanish-speaking. Financing of social services is not from the hospital budget, but mainly from the Ladies Auxiliary Social Service Committee which raises funds for salaries and other work of the department. This committee is an offshoot of the general board.

Hospital patients are from two distinct groups. One, the

neighborhood residents, includes the Puerto Rican families and individuals living nearby, groups from the Chinatown community, and from the marginal derelict community on the Bowery. The other includes individuals in the daytime working population of the financial district (who often live a considerable distance away), for whom services are often of an emergency nature. A good deal of the hospital's financial support comes from the business and financial community in recognition of its location and its availability.

Observations regarding Puerto Rican Clients were made by the director of social service. Again, language emerged as a barrier affecting ability to communicate and increasing sensitivity to misunderstanding. Patients' responses to medical problems showed lack of knowledge and experience with modern methods, including simple procedural and technical things. (For example, parents find it difficult to take temperatures, or to prepare special formulas for infants in situations where malnutrition or poor feeding patterns exist.) Additional staff frustrations are experienced by the lack of understanding of the need for follow through on medical care and frequent difficulties in communication.

Part of the misunderstanding between patients and staff members is related to differing perceptions of social work functions. While professionals are useful and responsive to immediate crises in the client group, clients seem sensitive about dependency and implied criticism in needing to take help. Family experience with eligibility requirements for public welfare and consequent implications of personal inadequacy; staff expectations or suspicions that client requests for service are not completely bona fide; all affect client responses. (This latter was described as similar to some attitudes accompanying determination of need for public welfare and the

question of whether individuals are "freeloaders.") It is believed that these stereotypes operate negatively for both client and staff.

Continuing experience with client problems suggests that some might be more adequately dealt with through educational means rather than traditional individual counseling. For example, the handling of prevalent problems of child nutrition may not be sufficiently geared to the way in which this client group could learn best. Over time, it has begun to be evident that families, particularly those living in public housing projects, are beginning to manifest a greater degree of assimilation and utilization of the patterns and expectations more typical of the larger culture. However, since such learning may be a lengthy process, it may be expected that old and new patterns may continue to exist side by side.

The agency has currently seen its major usefulness in being responsive to the concrete and immediate needs that these families present. Helping families to get special orthopedic shoes, or to fill prescriptions for glasses, particularly for semimarginal families, has been important. The financial status of these families often does not permit them to include such items in their budgets. In addition to responses to the client's immediate needs, there have been attempts to set up reciprocal relationships in which clients may learn more active roles. These include permitting the family to offer to pay partially, or postponing payments so that the family can contribute later.

There have been attempts to educate other sectors of hospital staff as to cultural differences which affect client group perceptions, to clarify misunderstandings that often occur with the registrar, the pharmacists, and other hospital personnel. Staff education, by a Spanish-speaking psychologist who works in the psychiatric clinic, has been aimed

at providing some orientation to Puerto Rican families. Areas covered include the role of women in Puerto Rican culture and the characteristics of the social strata these clients represent. It was felt that, while the problem of language is an immediate and difficult one, more effective communication requires need for more knowledge of the culture and the way it affects joint participation in the helping process.

Agency "J"

Agency "J", located outside of the area, in the immediate neighborhood of Agency "G", is a small voluntary general hospital with no specific service restrictions or geographical boundaries. Historically, it was established by a group of women physicians as a hospital for women and children primarily. Of recent years, it has become a general hospital serving both inpatient and outpatient needs. The social service department, sponsored by the social service committee of the board, is small, consisting of a chief social worker, a case supervisor, a full-time medical social worker, some part-time casework staff and case aides. As is noted for other agencies, there are staff shortages.

The majority of families served by this department are outpatients, although help is also given to the inpatient group. Referrals are made from within the hospital, mainly from physicians. As is often found in hospital settings, many of the cases require brief services around facilitation of certain particular needs; for example, financial arrangements for delayed payment of clinic fees, explanation of family financial status to fee clerks, interpretation of immediate medical needs, such as glasses or special equipment, or help in following through on medical procedures.

The hospital has had considerable experience with a variety of

Puerto Rican families, many of whom live nearby (see page 118 regarding Agency "G"). The impressions offered by the director of social service are related to general experiences with Puerto Rican clients as there were only two cases from this cultural group from this area for 1961. Problems attested to again emphasize the nature of social pathology within families and the basic living problems in housing and child care. (Perhaps this is even more notable because much less public housing exists in the immediate geographical area, and considerable density and crowding in accommodations is reported.) The Puerto Rican families served by this department show large family size and include many recent newcomers unfamiliar with usual community values and experiences. As has been pointed to in other hospital settings, the lack of understanding of medical care, the need to interpret simple procedures, as well as to help with family functions that result from stress caused by medical problems, are significant aspects of the agency's work. Marginal incomes, the absence of knowledge of supplementary resources, limited knowledge of nutrition, are some of the problems encountered. Language and cultural barriers again present serious handicaps in dealing with many of these families.

The social service department has attempted to deal with some of these issues through interpretation to other hospital personnel of cultural or individual differences within the Puerto Rican group. Smallness of staff has enhanced professional communication among various members. A good deal of mutual discussion regarding effective casework efforts is shared. Attempts were being made to hire a Spanish-speaking worker, with knowledge of cultural content, who might be used in educational efforts with staff and clients. Plans for classes in the prenatal clinics, discussions of planned parenthood, development of further understanding among

social service staff and other hospital personnel, are seen as future directions. Present emphasis on various concrete services is seen as needing continuation in order to help with the wide range of environmental and social pressures facing these clients.

Comparison of Hospital Social Services

The number of families included are 24.7 percent of the total study population. In the three hospitals, Agency "G" had approximately three-quarters of all hospital cases, and Agency "J" had only two cases. Study of the characteristics does indicate some differences in the client population in the two hospitals which are most used.

In family structure, study of the number of persons in households showed a higher proportion of families with five or more members in Agency "G", almost three-fifths of the total group (59.7 percent). In contrast, more than half of the families known to Agency "H" (52.4 percent) were families of four or fewer, and half of that group were one or two person families. (Appendix Table X.) The ages of heads of household also demonstrate differences. For families where age of head is given, Agency "G" shows considerable range with a quarter of the group under age 25 and the modal category between the ages of 35 and 44, where almost a third of the group are located (30.0 percent). Despite the presence of the young group, three-fifths are above the age of 35 with a fourth (28.3 percent) being 45 and over. Distribution for Agency "H" indicates a considerably older population with 52.4 percent of the families age 45 and over, and only one case in the under 25 group. The third hospital, Agency "J", has its two cases in Agency "G's" modal category, age 35 through 44. (Appendix Table IX.)

In comparing marital status, there are roughly the same

percentages with marital disorders (17.7 percent for Agency "G" and 14.3 percent for Agency "H"). Only slightly more than half of the families known to Agency "H" were married couples living together, as against almost three-quarters of the group in Agency "G" (71.0 percent). It would appear that Agency "H" does deal with a higher proportion of widowed and single persons, more than a quarter of the group (28.6 percent) in contrast to about a tenth (11.3 percent) of the group in Agency "G". Agency "J's" two cases are married couples. Households headed by "females only" is slightly less than a third of the total group; 32.3 percent for Agency "G" and 28.6 percent for Agency "H". (Appendix Tables XI and IX.)

Examination of economic status does not reveal much contrast between the groups who receive income from employment. Agency "G" has slightly more than a half (53.2 percent) and Agency "H" slightly under a half (47.6 percent). However, in the use of public welfare assistance, Agency "H" shows three-fifths (61.4 percent) of the families as either partially or totally dependent, two-fifths being totally dependent (42.9 percent). In Agency "G" slightly more than two-fifths (43.5 percent) are dependent on public aid, more than half of that group (63.0 percent) requiring total assistance. This may be related to the fact that hospital populations have medical problems which interfere with economic functioning and therefore increase the rates of dependency on public assistance. Also the older population dealt with by Agency "H" may partially explain the high proportion who are so known. Interestingly, Social Security and pensions are reported as income for a small proportion of this group (Appendix Table XII.)

Residence and housing data show that both Agencies "G" and "H" have some families in New York for four years or less for cases where

data were available. In the case of Agency "G", it is one-fifth of the group (22.2 percent); in the case of Agency "H", it represents 17.6 percent. In the former ("G"), there appears to be a fairly even distribution, approximately a quarter of the group here from five to nine years (24.2 percent) with an equal group here over ten years (25.8 percent). Agency "H", in contrast (although one-fifth are unknown), has a major portion (one-third of the total known), of persons living in New York for fifteen years or more. (Appendix Table XIII.)

As might be expected with a larger proportion of more recent arrivals, only half of Agency "G's" families are in public housing, whereas at Agency "H" it represents four-fifths. There appears to be a relationship between Agency "G's" younger, more frequently newcomer population and the availability of public housing. Agency "H" tends to serve an older population in residence in New York for considerably longer periods of time.

In general, it would appear that the two hospitals serve somewhat different populations if age of household heads, family size, marital status, and residence patterns are noted. What is suggested is that Agency "G" has a younger population, more newly arrived. Some of the differences may also be explained by the emphasis and interest within Agency "G's" hospital setting encouraging younger families to use obstetrical services.

Comparison of Characteristics of Client Population
Known to Individual Services

Examination of the differences between the casework-counseling, mental health clinic, and hospital social service populations, suggests differences in characteristics in the three agency type subcategories.

Family Structure

The users of casework-counseling agencies show a higher proportion of clients with marital difficulties than in the other two types of service. In the latter, broken families represent less than a fifth of the population, as against about a quarter for all three casework-counseling services. Correspondingly, a greater number of households headed by "females only" are found in the casework-counseling agencies. While there is considerable variation among the agencies in all three groups in regard to age of head of household, only two agencies (one a hospital and the other a casework-counseling service) show any substantial number of persons under 25 receiving services (Agencies "B" and "G"). Figures on size of household show approximately half of the population of mental health clinics in families of seven or more, in contrast to both hospital and casework-counseling where the range is approximately from one-fifth to a third of the group. (Appendix Tables XI, IX, X.)

Income

Major sources of income for all groups were from employment and public welfare. Examination indicates that employment accounts for about a third to two-fifths of income sources for casework-counseling clients, about half of the hospital group, and three-quarters of the mental health clinic group. While the mental health clinics had so many of their group receiving some form of public assistance, only a small percentage received total support from public welfare. Casework-counseling groups and the hospital groups show a higher proportion of persons fully dependent on public assistance, and a smaller group receiving partial aid. One casework-counseling agency ("B") shows the highest proportion of persons (one-fifth of the group) receiving help from relatives or other sources, such as

court orders. In the remaining agencies, the percentages found receiving Social Security, other forms of pension, assistance from relatives, seem to be minimal. (Appendix Table XII.)

Problem Status

Comparison of problem groups among the agency categories within the individual services are based on the definitions of "multiproblem" status (see page 80 of Chapter IV). It is evident that the group with "no problems" is small, about 14.3 percent of the whole group. There are no "no problem" families within the mental health services; the greatest number appear in the casework-counseling services. Both "no problem" and "potential" account for few families known; the major number are found in the "moderate" through "extreme" categories. Both the "severe" and "extreme" together account for 42.9 percent of the total group studied. Separately, they represent more than a quarter of the problems for each of the agency types. The casework-counseling agencies have a larger proportion of "moderate" problems, of which about half represent financial difficulties. The mental health clinics requiring specialized clinical services, appear most affected; the highest percentages of families are found in the "extreme" and the "severe" groups. The hospital departments rate second in having families with serious problem status, and the casework-counseling agencies show the smallest number as "severe" or "extreme" which suggests that they deal with families having less chronic problem status. (See Appendix Table XIV.)

In regard to presenting problems (initial requests made for agency service), one sees a relationship between the agency's purposes and treatment aims and the client's needs. In the casework-counseling agencies, there is a wide range of problems, requests for help are in all of the

problem areas that have been identified as the basis for which individuals come to the agencies; that is, financial, child behavior, marital. In the mental health clinics, the major and outstanding reason is child behavior, as would be expected from the function of the agency. In hospital services, slightly more than half of the requests made to the social service department are related to further medical assistance. An additional number, defined as "advice and counseling," not directly connected to medical services, reflect need for help with environmental resources. Since the mental health and hospital resources are more specialized, if correctly perceived by referral sources, the presenting problems would be expected to demonstrate specific usage and range appropriate to the nature of the agency's functions.

Examination of data on referral sources supports this expectation. Discussion is limited because of the absence of information from Agency "C", the casework agency with the largest proportion of cases. The facts about the mental health clinics and the hospital resources would seem to be much as anticipated from the operational and procedural modes of each of these settings. For example, the largest number of referrals within the medical facilities come from sources within the hospital. The auxiliary functions of hospital social services seem to be involved with identification of such additional needs. In the case of the mental health clinics, the fact that about half of the referrals come from schools also reflects community perceptions of the agency's stated functions of treating child problems.

Housing and Residence

All individual services have a majority of families who have been in residence for ten years or more. With the exception of Agency "G" where

almost half of the group are newcomers, the remaining agencies range from 28 percent downward to 15.9 percent. Agency "A" cannot be evaluated since data on length of residence in New York was unavailable for almost two-thirds (64.7 percent). Occupancy in public housing seems closely related and indicative of longer residence. It is, therefore, suspected that one of the casework-counseling services ("B"), as well as one hospital service ("G") may be the ones most frequently dealing with newcomer population).

(Appendix Table XIII.)

Group Services

Group oriented facilities studied are of two types. One of them is the traditional group work service provided for the community; the other is day care for young children below school age.

Group Work Services

The four group work programs studied are all settlement houses. They have had a long history in the community, established in the late 19th and early 20th centuries, long before Puerto Ricans were a part of the population. They have worked with numerous groups of various national origins who have been helped to make their social and occupational ascent into the main stream of American culture.

Settlement houses, as originally conceived, had the character of "missionary " activity. They perceived of their functions as character-building efforts "to persuade working class clients to develop middle-class patterns of behavior." [20, p. 143] In the past, they found many families and individuals in neighborhoods responsive to opportunities to learn American ways. The settlements may point with pride to the achievements and accomplishments of many of their members. Many, in one or two generations, have assumed significant and important roles in the wider society. [20, Ch. 7]

Programs within these settlements are organized with purposive aims. Activities for children in age and peer groups, lead by adult leaders, are directed toward teaching participation in neighborhood life and the strengthening of family capacity. Interest in social action, amelioration of community problems, is often part of the agency's program, expressed in participation in community organization councils, and citizen groups working on behalf of the entire community. Pressure for new and improved housing, for neighborhood improvement, formation of tenant councils, are often part of the staff's activities. There seems to be a hierarchy of functions; those which provide direct and immediate group services of recreation or informal educational nature both to children and adults, and those aimed at wider benefits for special groups of the entire community.

Agency "K"

Agency "K" is located in the center of the geographical area studied. It is housed in one of the buildings of a large public housing project, one of the first to be built in the area. The present agency is an amalgamation of two neighborhood settlement houses which existed for many years under separate auspices. The merger was aimed at offering less fragmented and more effective combined resources. The agency is described as an autonomous multifunction agency with a group work program, casework services for some families, and work in community organization..

The area served is immediately adjacent. Most of the clientele is drawn from the population of the housing project in which it is located. Activities are offered for school age children, pre-teens, and teen-agers. There is a Golden Age Club, but not much other formal adult programming. Day care services for young children and the Golden Age program are both

run in conjunction with divisions of the New York City Department of Welfare. The agency's casework program deals with individual problems and help with families who appear to need more than the usual group services provided. Other community casework services (for example, Agency "A"), have occasionally made use of agency space for interviewing families living in the area.

The core of the settlement staff consists of ten full-time professional persons, plus part-time workers and volunteers. The former includes the director, assistant director, two supervising division heads, and three full-time professionally trained group workers, a community organizer and a caseworker. The caseworker and assistant director are Spanish-speaking. The agency, as a training center for schools of social work, gives field instruction to students. The Day Care and Golden Age Centers are staffed by Department of Welfare personnel. The agency's board of directors are persons primarily white, mostly Jewish, all absentee. Some of them maintain a continuing interest as a result of their own positive experience as settlement members in their youth. There is some feeling that the board might have more representation from its present clientele. However, problems exist in finding effective participants from within the immediate community.

There has been some attempt to control registration and intake of membership to assure representation of various cultural groups in the community; interracial and intercultural balance to be achieved by admitting approximately one-third each from white, Puerto Rican and Negro groups. While not strictly enforced, the purpose behind such attempts is to provide an enriching intercultural experience for all members. Among the housing project residents, the major source of clients,

Puerto Ricans represent about one-fourth of the housing population. However, Puerto Ricans and the white families tend to use the settlement program less than the Negroes. It is felt that general participation by Puerto Ricans in community affairs is quite minimal; they are described as not moving out toward other groups. They seem to respond more positively to agency programs in which their cultural differences are maintained; for example, the Spanish Club which gives dances mainly for Puerto Rican groups.

Comments by staff indicate awareness of the limited number of adult programs. Language barriers are cited as one of the possible sources of difficulty eliciting adult participation by Puerto Ricans. In addition, for many of the adult individuals in the Puerto Rican families, work or family responsibility preclude active agency participation. The Puerto Rican group also seems sensitive to nonaccepting attitudes that exist in the surrounding community. Some of the older residents, (for example, Italian and Jewish families), are critical and negative to this newcomer group. Within the Puerto Rican group itself, differentiations and separation of the more upwardly mobile families from "problem" families have been seen. Many of the latter with less success in over-all adaptation, also experience difficulty living within Housing Authority facilities because of deficits in level of living, poor housekeeping standards and/or problem behavior of family members. Observations made by other agencies about the social distance of the Puerto Rican group from the rest of the community are supported by this agency. Noted is a sensitivity to difference, attempts to seek safety among their own, limited risking of interaction with outsiders. However, the agency staff sees these problems are quite temporary and feel that assimilation into prevailing mores is quite rapid.

Continued problems are more characteristic of special segments of the Puerto Rican population. Certain individuals and groups are less related to the community, and their behavior usually indicates greater personal and social problems (for example, narcotics users, conflict gang groups, and multiproblem families). A variety of efforts have been made by the agency in dealing with these special segments. For example, in cooperation with other neighborhood agencies, a narcotics information center has been established. Also there is work with conflict gangs on a special basis with greater adaptation to their unique needs. Two leaders have been assigned to work with these gangs in space in an adjoining church building. Since it seems desirable to sustain continuing contact, this makes it possible to avoid conflicts that could occur within the agency's usual facilities, that might make this group less containable (nonobservance of rules, acting out). The agency caseworker has attempted to work intensively with some of the multiproblem families.

From the Puerto Rican population in general, there has been the formation of a Spanish Adult Club in the agency. The local community council (Two Bridges), concerned with neighborhood problems, which has enlisted the efforts of local ministers and lay people, is making attempts to involve Puerto Ricans. There are cultural programs for adults, endeavors to "reach out" for Negro and Puerto Rican participation in settlement and neighborhood council activities, assistance with realistic housing problems and in making tenant associations more effective. Expansion of casework services to help more families in time of stress and difficulty, to educate for utilization of appropriate community resources, and to institute case finding processes was seen as an adjunct to the need to develop new modes of group service.

Agency "L"

Also located centrally in the geographical area studied, Agency "L" is one of the very early and well known settlement house programs in the history of social welfare. It performs a wide range of services within the community. (Personal Services, and child guidance clinic are Agencies "C" and "F".)

The group programs in the agency include a wide variety of children's activities. For adults, there are traditional settlement activities, such as mothers' clubs, also workshops where adults come to mend furniture, repair shoes, or do household sewing. Summer programs provide days outings for families for minimal expense (bus trips to beaches and state parks). A Good Companions Program exists for older residents in the community, used mainly by the elderly Jewish population.

In addition to the regular children's programs, there is a day nursery. Auxiliary services in cultural areas include a Playhouse with a school of acting and modern dance, and a Music School. These latter attract persons from a wide geographical area, are less utilized by the immediate neighborhood groups, unless by special referral or recognition of individual talent. Expansion of usual services is found in a special project for work with predelinquents sponsored by a private foundation, and in work with special groups; such as, narcotic addicts, new arrivals in housing projects. The agency's work is conducted both within the settlement's buildings and in staffing and program in the community centers in two adjoining housing projects.

The agency's statistical records attest to the wide use made of the various programs. A total of more than 10,000 cards were inspected in order to elicit information on 903 Puerto Rican families. Unfortunately,

insufficient data on family composition and basic characteristics did not permit all to be used in the study. For 85 of the 288 families using group programs, (29.5 percent), it was possible to obtain sufficient information for inclusion in the comparative analysis. Exact measure of extent or continuity of agency contact was not possible since available recording was limited to individual membership cards listing client registration during each given year, with no specific account of frequency or regularity of attendance.*

Despite the limitations in the data available, the investigator observed widespread, but occasionally selective, use of the broad range of program items. Some families, for example, only used the "days outing" program and no other agency activity. This represents a program provision which ordinarily might not be considered an important characteristic of professional activity. However, the agency, in planning such resources which are heavily utilized, seems to show considerable awareness of certain "simpler" needs; for example, that of a population living in an urban area of considerable housing density with few local facilities for recreation. Since almost half of the total group using agency facilities were known only to home planning workshops or various "days outings," it suggests that some of the client needs for enhancing environmental experiences were met by such programming.

Staff consists of professional full-time and part-time workers, as

* Attempts were made by the investigator to examine other sources of data in the agency. Case records from Personal Services also provided information on some of the families using group services. Unfortunately, administrative staff felt that pressures of time precluded additional conferences and consultation required to obtain fuller details from other agency sources.

Since many of the other group work agencies also presented similar difficulties in terms of providing full information, or had inaccurate recording on detailed use of services, it was felt that the data on group work services as a whole, with more limited information on usage generally available, could be treated equivalently.

well as a considerable number of volunteers. The professional group work staff includes the director, associate director, heads for each of the activity and age divisions, and trained staff in the delinquency prevention program, casework and community activities. Part-time personnel are found in various fields; such as, specialists in arts, pottery, workshops, students from undergraduate and graduate programs, and a large number of volunteers. Several staff members are Spanish-speaking. Budget for the year 1960-1961 was \$630,000 of which a large portion was salary items. The agency's board of directors, as in many other settlement houses, is made up mainly from persons outside the area. Many are prominent status persons in New York City with interest in urban social problems. Some of them are persons who, in early life, were participants in the agency's programs.

Agency "M"

Agency "M" is located at the upper rim of the neighborhood being studied. Therefore, only a small proportion of its total clientele were included. (Eight families lived within the geographical boundaries set for the study population.) The settlement itself is situated in an area of high population density, has multiple subcultural groups which include not only Puerto Rican and Negro families, but a considerable number of Eastern Europeans, such as Albanians, some Italians, and the residue of a previously large Jewish population.

This is a multifunction agency offering not only group work and recreation, but day care, psychiatric child guidance, housing and rent advice. A planned parenthood information center is autonomous of the agency, but is housed there. The recreational programs are for teen-agers,

'tween age groups (preadolescent), school age children, and there is a youth employment service. Adult groups include mothers' clubs and a golden age center. Facilities for preschool children are in the day care center, jointly sponsored by the New York City Department of Welfare and the agency. The number of members in the settlement during the time period studied was about 800 individuals.

The program as administered, attempts to have planned quotas in the group work program so that intercultural balance can be achieved. (This is similar to Agency "K".) Therefore, slightly less than half of the children in the teen-age group, preteen and school age groups are Puerto Rican. However, in the day care center with no quotas, 70 to 80 percent of the children served are Puerto Rican.

Staff includes an executive director, a director of group work services, two division heads in the group work program, four full-time group workers and some part-time volunteers. As a training center for social work schools, students are also engaged in field work in the group program. One of the division heads is Spanish-speaking. Attempts are being made to find other staff with such language skills. Board members, primarily from outside the area, are, for the most part, successful businessmen, and professionals. Some are persons whose early life experiences may have been within the community, but the majority do not have any direct or current connection. Participation is not extensive, but there is a sufficient degree of involvement so that assignments and specific tasks are carried. Agency budget is \$196,790, and approximately 80 percent of this is for salaries. The day care program is financed separately in cooperation with the Department of Welfare. The summer camp program is supported as a separate facility.

In their work with Puerto Ricans, both staff and the executive director indicated the barriers presented by language and cultural differences. Puerto Rican children make more effective use of the agency than do adults. The afternoon program has a waiting list for Puerto Rican children because of the agency's quota system. Puerto Rican adults do not apply in great number, and are not always aware of programs other than children's activities. Cultural factors in family structure (position of women, limited contact with outsiders), characteristic of the Puerto Rican group, were cited as possibly affecting reduced adult participation. Working parents, who may have little time or energy to invest directly in the agency's program, show interest in child participation (as demonstrated by the waiting list for the day care center).

Description of the needs of the Puerto Rican families shows the staff's awareness of the pressures and difficulties in daily life conditions. Examples given were the low financial status of these families, the absence of basic human supplies, as seen in minimal diets and most inadequate housing, as well as the fact that many of these families were disorganized and tension-ridden, under considerable psychological stress in making adaptation to the community. As further evidence, there was mention of the seemingly high proportion of young Puerto Ricans involved in narcotic addiction.

The agency has made some efforts to deal with the problems. In an attempt to involve adults they have begun special programming for mothers' groups and also have started a "family night program" (a small group meeting with a Spanish-speaking worker). Staff with Spanish-speaking skills was being sought in order to extend such activities. There are plans for more inservice training to expand present staff's knowledge of cultural

differences. Seen as needing further exploration was the question of whether other facilitations, such as English classes, should be developed within the agency, or whether these would be more effectively provided in local public adult education centers. Expansion of day care facilities for working parents or those who need to be relieved of some of the daily burdens of child care was being considered. Some thought was also being given to dealing with illiteracy problems and the possibility of tutorial training programs for potential school dropouts. In addition, the director saw the need for more systematic research efforts to gain knowledge about indigenous leadership and patterns of life experience among Puerto Ricans as a potential guide to developing group services; also study of demographic and physical aspects of housing on which to base social action and sponsorship of redevelopment possibilities.*

Agency "N"

Agency "N" is in a large building in the center of the neighborhood being studied. An autonomous agency, it has historical and current connections with the Federation of Jewish Philanthropies which at present contributes half of its budget. It is considered a Jewish agency with an open-door policy. Services are given without geographical limit, but primary use is by clients living in the immediate neighborhood.

Programs include recreation and group work for teen-agers, pre-teens and school age children. There is a day care center operated in

* This northern fringe of the area has far less public housing than is true of the major part of the neighborhood studied. Many of the buildings are tenements, in extremely poor condition, housing density rates are very high and such community improvements would have a striking effect on the physical appearance of the area.

cooperation with the New York City Department of Welfare. Additional youth services include a special project for "street gangs" in conjunction with the New York City Youth Board ("Operation Street Corner"). There are tutorial and remedial services for school children with learning problems. For adults there are young adult groups, English and citizenship classes, a mothers' club and a Golden Age Club. While major use of services is made by Jewish groups living in the community (for example, the Golden Age Club has no Puerto Rican members), in most of the youth programs, Puerto Ricans represent approximately ten percent of the group. The exception is "Operation Street Corner," where half of the youngsters are Negro and half are Puerto Rican.

Staff of the agency includes an executive director, two assistant directors and five division heads, as well as fourteen group workers, all of whom are full-time and professionally trained. The day care center has a director and ten or eleven teachers with special training in education. The agency, recognized as having high professional standards in the social work field, trains substantial numbers of graduate students from the schools of social work in the New York City area. In addition, some fifty to sixty undergraduate students function as part-time untrained volunteers. The scope and extent of the agency's program is in part attested to by the fact that the budget is approximately \$800,000 of which more than half is used for salaries.

Despite the limited number of Puerto Rican members (related to auspices and basic support of the agency), there appears to be considerable awareness of the needs and problems of the Puerto Rican group. Again, as in other agencies, language and cultural barriers were mentioned. Related problems of limitations in staff perception and understanding were felt to

reflect the staff's middle-class orientation. Basic human problems and needs of an acute nature were seen. Instability in housing and residence, employment difficulties and different cultural patterns in family structure were specifically noted. The limited responses to programs by Puerto Rican residents were felt to indicate difficulties in accepting mainland values and expectations, little knowledge of the potentials in social action, hesitancy to become involved in community issues; all of which tended to isolate them from others in the community. Attitudes on the part of staff and those of the established (prior) client group were both seen as indicating fear of change and suspicion of newcomers.

The agency's activity on behalf of Puerto Ricans shows some of the efforts to meet specific needs. A housing clinic with Spanish-speaking volunteers had been established to acquaint community residents with tenant rights, to help intercede in city departments for needed inspections, and also, in some instances, to help find more adequate housing. In the area of social action, this agency has participated with LENA (the coordinating social agency council) and the Good Neighbors Council. These groups also sponsored an International Dinner Night where emphasis was placed on the multiple cultural values in the neighborhood. Recreational and community activities in public housing projects have been staffed by the agency in cooperation with Agency "L". Some Puerto Rican residents have attended the English and citizenship classes. Special interest groups that have been developed have involved some Puerto Rican Families; for example, the parents of day care children, tenant groups in tenements who were also Department of Welfare clients (in conjunction with Agency "L"), and evening recreational programs.

Although the agency's present work with Puerto Rican groups was quite limited, there was anticipation that the agency will take an increasingly active role in direct services and participate more in joint community planning. Continuing efforts in such programs require further recruitment of Spanish-speaking staff. The agency plans to provide social work services in a new neighborhood housing project under construction, where they will take major responsibility for community programs. They envisage expansion in homemaker services, special Spanish family programs both recreational and educational, the use of increased home visiting by agency staff to interpret the agency's interest and permit exploration of further social service needs. Improvement in intergroup contacts through special preparations and encouragement of Puerto Ricans to work with community committees and neighborhood associations was seen as strongly needed.

Comparison of Group Work Services

Of the four settlement houses studied, three are located within the heart of the geographical area (Agencies "K", "L", and "N"), and one is on the northern border of the area (Agency "M"). Examination of the characteristics of the populations served within these agencies demonstrates considerable similarity among each of the agencies, but some differences are also noted.*

Comparisons are not fully accurate since Agencies "K" and "M" did not have all the information required. From available data, it appears the age of heads of household is in the 35 year and over category. Agency "M", with only eight cases, shows two with no information. However, the

* As noted previously, findings in these agencies represent only a portion of the total or potential clientele and are, therefore, more tentative than those for individual services.

remaining family heads are in this same category. Agency "K", lacking information for one-fifth of the cases, still indicates more than three-fourths of their household heads in the over 35 category. In the other two agencies, families are somewhat below, but still over the half mark, with heads over age 35. (Appendix Table IX) This suggests that the population served are families in which heads of household are not young parents. This might be expected, since group work agency programs, for the most part (with the exception of the preschool and special programs), deal with school age and adolescent children. There may be a self-selective factor in the finding of the older parent groups who have older children.

In size of family, the majority seem to be larger than five members. Agency "M" is the exception, where all but one are families of four persons or less. Agency "N" in contrast has four-fifths of its group located in the households of five to nine. (Appendix Table X.)

Three of the four agencies indicate considerable stability in marital status; three-fourths of the heads of families are married couples and all three agencies also have a similar number of families showing disorders of separation or divorce. Agency "M" shows some differences, however, but it must be noted that it also had only eight cases. Instead of the three-fourths of the population as married couples, they show five out of the eight families in such status, and one of the three broken families is due to death. (Appendix Table XI.) The category of "female head of household only" applies to about a quarter of the households. (Appendix Table IX).

Agencies "K" and "L" show two-thirds of the group deriving their income from employment. Agency "M" is even higher with all but one of the group employed and Agency "N" shows only about half of the group employed. In regard to families dependent on public assistance, twice as many are receiving partial assistance as those who are fully dependent. In certain families portions of income are received from relatives and other sources, although Social Security and pensions are negligible. (Appendix Table XII.)

Examination of length of residence in New York shows absences of data which make these findings suggestive rather than accurate. In the case of Agency "K" information is lacking for half of the group; in the other agencies, information is unavailable for about a fifth to a fourth of the group. However, for the known group, the major finding seems to be that most families have been in residence in New York City for ten years or more. The exception is Agency "M" (in the small population studied) where there seems to be an even distribution between under and over ten years. Again, the relationship between eligibility for public housing and length of residence undoubtedly is a factor in these findings. (Appendix Table XIII.)

Residence patterns show at least three-quarters of the population living in public housing. Again, the exception is Agency "M" where the eight cases studied do not indicate any of these families living in public housing.* Agency "K" has practically its entire client group coming from public housing which is not surprising since the agency's program is located in a building in the housing project (in the basement of one of

* It has been noted that little or no public housing is adjacent. (See page 137 of this chapter.)

the apartment buildings). In agencies "L" and "N" the program buildings are very close to public housing facilities.

Day Care Services

Three of the four settlement programs previously described have day care services. However, these are here considered as a special category of group services. As agencies, they represent different sponsorship, a public-private form of cooperation jointly sponsored by voluntary agencies and the New York City Department of Welfare. Their purpose is somewhat different from that of direct recreational or group serving agencies in making available a daytime supervision program for younger children aimed at strengthening family life and maintaining youngsters in their own homes. Financing is mainly from public funds, appropriated by the city and administered in the Division of Day Care of the Department of Welfare. Voluntary agencies participate on a percentage basis in the cost of operation and cooperative arrangements for the provision of service.

Major responsibility for acceptance of clients is in the Division of Day Care of the Department of Welfare. A family's eligibility for service is determined by a counselor assigned to the day care center. Criteria for acceptance involve evidence of need for this type of help and the inability of parents to meet the full cost of such care. Families in need of day care for "social" reasons rather than financial, are included if they pay the full cost of care. The center's teachers are selected in collaboration with the voluntary agency. Liaison is maintained by a Day Care Division consultant trained in early childhood education. Consultants are concerned with proper expenditure of public funds and maintenance of program standards. They also contribute professional knowledge and skills to aid the development of sound educational programs.

Day care programs are mainly for preschool children and operate on a weekday basis from 8 a.m. to 6 p.m. Schedules involve activity, play, and education, food and rest, appropriate to the maturational levels of young children. Children in primary grades may continue in the after school programs. The patterning of programs is essentially similar in all three of the centers studied. However, in two instances, Agencies "O" and "R", the facilities are in the agency building; at Agency "P" the day care center is housed in another public housing project building separate from the group work program. Day care programs differ from other group facilities in hours and content geared to younger ages. The location of programs is usually separate. In two instances, where they are located in the settlement buildings, they are on separate floors; group work and day care staffs are separately hired and supervised. However, some family members are clients in both services. The specific eligibility requirements, either for working parents or the presence of family problems which prevent adequate daytime supervision, suggest some differences between this client group and others in the study population.

Comparison of Day Care Services

Although three agencies were represented in the original plan for the study, only two provided data on a sample of cases. The third agency ("R") had only one case residing in the geographic area studied. Therefore, the major comparison is between Agencies "O" and "P".

What is apparent for both agencies is that a larger proportion of family household heads under 35 suggests that these are younger families at earlier points in family life cycle. For Agency "O" and Agency "P" this is around 72 percent of those for whom data were available. (Appendix Table IX.) The number of persons in the household is almost equally divided

between households of four and under and those of five or more seemingly in line with the fact that in many younger families the number of children would be smaller than in families with a longer marital history. (Appendix Table X.)

In comparing marital status, it would appear that about two-thirds of the families are married couples (61.4 percent for Agency "O" and 63.1 percent for Agency "P"). A third of the families in Agency "O" show marital disorders of separation and divorce as against one-quarter in Agency "P". (Appendix Table XI.) A correspondingly higher number of households are headed by "females only"; more than a third in Agency "O", slightly less in Agency "P". (Appendix Table IX.)

Sources of income in this instance show a higher degree of employment, Agency "O" is almost total (90.9 percent) and Agency "P" more than four-fifths (84.2 percent). However, since eligibility for service is related to the employment of heads of household, this is not surprising. Consequently, small proportions of populations are dependent on public assistance. When found, such dependence is partial rather than requiring total support from a welfare program. In the case of Agency "O", also, a high proportion of sources of income from relatives and other persons (often including court orders for support) is noted for a third of the group as contrasted with only a tenth of the group in Agency "P". (Appendix Table XII.)

Residence patterns indicate some difference in public housing occupancy. Three-fifths of the families known to Agency "O" are in public housing in contrast to over four-fifths in Agency "P". The one family known to Agency "R" is in public housing. Such differences may be related to the fact that the day care center in Agency "P" is located within the

confines of a housing project, whereas Agency "O" maintains its separate building in the community and may, therefore, draw from more of a variety of housing patterns. The relationship between residence in public housing and length of stay in New York is also pointed out here, since the data indicate that almost half of the group known to Agency "O" has been in New York less than ten years (44.8 percent) as against three-quarters of the population in Agency "P" who have been here more than ten years. (Appendix Table XIII.)

Comparison of Characteristics of Client Population
Known to Group Services

It would appear that, in many ways, the characteristics of the populations using both categories of group services are quite similar. Outstanding differences seem to be that day care families are younger ones, in earlier phases of family life cycle. This has implications for the smaller size of families and some indication that occupancy in public housing and longer residence in New York is found less than it is for the client group using group work services. The day care families also show much higher rates of employment and smaller family size. Although many of them are more recent newcomers, they seem to indicate (with the exception of difficulties in marital status), greater observance of usual community expectations.*

Comparison of multiproblem status shows that the group work

* Comparisons between totals for group work and day care users show the following: Families with four or less members are 51.6 percent in day care and 31.7 percent in group work. Income from employment is reported for 89.1 percent of day care families and 64.0 percent of those in group work agencies. Length of residence in New York City is ten years or less for 40.6 percent of the day care group as compared with 18.7 percent for the group work families. (Appendix Tables X, XII, XIII.)

population has a larger share of families in the "severe" and "extreme" categories. With the exception of Agency "M", with a small number of cases, the number in "severe" and "extreme" categories range from a third to two-fifths of the population, in contrast to somewhat more than a quarter of the day care group. Data generally indicate that three-fourths of the day care group range from "moderate" to "no problem" as against only two-thirds in the families in group work services. However, a larger percentage of the group work population are indicated to be in the "no problem" category than is true for day care. (Appendix Table XIV.)

Referral sources in both instances are mainly self-applications. Certain differentiations appear in the presenting problems for which families are known. As might be expected, the majority of families with the largest proportion of needs in the day care area ask for help with child care; the largest proportion of requests for group work services are in terms of recreational interest. However, in the group work services there are some requests for help in relation to child behavior, as well as "advice and counseling." This is in contrast to the day care families where the majority of requests for child care were in relation to employment. These findings suggest that clients may see the group work service as being more "all-purpose" and day care services as being highly specialized. This is in line with the community social welfare definitions of agency purposes and suggests an accord between the perception of services and the needs of client groups.

The Use of Individual and Group Services

Prior interagency comparisons attempted to determine similarities and differences of the study populations known to the agencies subcategorized

under "individual" and "group" services. Characteristics and needs, types of presenting problems and multiproblem status were examined. Generally, certain trends suggest themselves. Despite the subgroup differences, in all five agency types, it would appear that the persons known to group services are less maladjusted. For the most part, they seem less handicapped or beset by serious and accrued problems (multiproblem status), are better off economically (as judged by rates of employment), seem more able to initiate and request help (the larger proportion of self-referrals), without requiring intervention on their behalf by other social agencies or persons. This is not an unexpected finding since it can be assumed that the various agency types studied demonstrate a hierarchy of differential and specialized purposes in serving various levels and types of problems.

The bases for specialization in social welfare are many. [59, p. 248] Purposes, program skills and processes, types of clientele, auspices and geography, all have had some effect on various levels and degrees of specialization demonstrated in the sixteen agencies studied. It has been suggested that, despite some of the advantages of specialization shown in efficiency, economy, accuracy in performing certain tasks, certain disadvantages may result from such divisions. Notable are the gaps in service between specialized programs and purposes and the effect of geographical limitations. The question of which clientele to serve at what time, the problem of "dividing the client" (in instances in which solution of problems may require more than one type of skill or agency service), and the possible duplication of services that may occur, may contribute to less effective provision of community services for particular client needs. It is to some of these questions that the next part of the analysis is devoted.

Multiple Use of Agencies

The study of multiple use of agency services may aid in understanding the patterns of interaction and agency requirements from yet another vantage point. The concern here is with the interaction between the client group (whose needs and problems have been defined), and the agencies. This is demonstrated by the multiple or single use of agencies by the client group, and the forms of combinations.

The first interest is in the client's use of the different types of service. The type of agency used, in rank order, shows that 154 out of the 340 families make use of casework-counseling (45.3 percent). Following this are group work services to which 139 of the families are known (40.9 percent).* These two subgroups represent the major types used. Hospital social service departments account for the next largest grouping (84 families or 24.7 percent), followed by day care (64 families or 18.8 percent). The least used services are the mental health clinics where 32 of the 340 families are known (9.4 percent). (Appendix Table VIII.)

The material suggests that in meeting the needs of this client population, more generalized services take precedence. Individual services deal with a considerable variety of problems. The comparison of distribution of types of problems indicates that the full range of presenting problems is known to the casework-counseling services. The group work services also

* Since casework-counseling and group work each contain one agency in which the information about the total number of cases for the study year was not available (Agency "C" in casework-counseling and Agency "L" in group work), some estimate of the over-all number of cases was undertaken to see if proportions of client use would vary. In the case of Agency "C", 261 cases had been identified, but family data were available for but 95. In Agency "L", 228 families were identified, but data were available on 85. A full count in these two agencies would have increased the total cases studied to 650. Using that total as a base, it appears as though the patterns of client family use of agencies would remain essentially the same, 40.0 percent rather than 45.3 percent being known to casework-counseling and 35.0 percent rather than 40.9 percent being known to group work.

represent a form of generic service having to do with leisure time activities. Not particularly specialized in nature, their programs offer a wide range of possibilities in peer group activities, athletics, or more specialized forms of leisure time skills, such as arts and crafts.

Of some interest are patterns of multiple use. If one examines Appendix Table VIII, which shows proportions known to single or multiple agencies, it would appear that more specialized agencies are the ones that were used as single services. Approximately two-thirds of the group using hospital services (67.9 percent) are among the families who are single agency users. Similarly, the day care programs show somewhat less than two-thirds of the group known to a single agency (59.4 percent). The two-thirds (223 families) who are single users, are accounted for mainly by hospital and day care services. In casework-counseling services, exactly half of the clients are known to only one agency.

However, some additional comments need to be made about the use of a single agency. The sixteen agencies represent the major voluntary social agencies under professional auspices offering services to this community. While we have dealt with a sample of 340 cases, we have commented on the identification of additional families using the services of Agencies "C" and "L". The absence of information on family structure and other family characteristics precluded their consideration in much of the analysis of the client group. However, if these additional families are considered, the fact that they did not appear in other voluntary agency caseloads studied, strongly suggests that they are also single users. Therefore, their effect upon multiple use of agencies needs to be considered. We have here an additional 166 families known to Agency "C" and an additional 143 families known to Agency "L". If included in the totals on use of

casework-counseling as single users, in place of half of the families using casework-counseling services being single users, the percentage becomes three-quarters of the group (75.9 percent). This then takes precedence over the single users in the hospitals. Similarly, if group work includes the additional 143 families in Agency "L", the number known as single agency users becomes two-thirds of the group (62.7 percent) rather than the original one-quarter of the group. The indications are that, with the exception of the mental health services (which contain the smallest proportion of families known to single agencies - only a third of the group), the remaining population seems to distribute itself fairly evenly in other agency types having about two-thirds, or somewhat more, single users.

In the families who used more than one service (117 in all), two-thirds used two agencies (67.5 percent), almost a third of the group were known to three agencies (27.4 percent), and a few to four agencies. More than two-thirds of the mental health clients (68.8 percent) used more than one agency. For group work clients, where 70.5 percent were multiple users, casework-counseling services were active also for just half of them. Hospital and day care services had about a third of their group as multiple users: 32.1 percent for hospitals and 40.6 percent for day care. However, as noted above, the additional agency clients (not included in the comparative analysis), were most probably known to single agencies and would reduce the multiple users. (Appendix Table VIII.)

This makes the mental health clinic emerge as the major type of agency where the client group is in receipt of service from more than one facility. This latter finding poses certain questions and possibilities in explanation. It represents a highly specialized form of intervention in

its stated purpose of providing diagnosis and treatment for children showing emotional disturbance. Requirements for obtaining services are usually some demonstrated form of difficulty in child behavior. This in itself suggests some explanations. Except in rare instances, the presence of severe child behavior problems is related to other difficulties in family life. Inadequacies in parental functioning, particular attitudes of hostility and/or neglect, as well as various environmental stresses of a severe nature, are a frequent occurrence in the life experiences of children known to clinical facilities. The possibility of such problems, or the fact that many of the clients referred to the child guidance clinics come from families in which considerable stress exists, is demonstrated. Of all the groups within individual services, the mental health clinic users had the highest number of families in categories of both "extreme" and "severe" multiproblem status. There are no families in the mental health group reported as having "no problems," a small percentage showing "potential" problems (6.5 percent), as well as only one-fourth in the "moderate" problem group. This seems likely evidence of connection between other problems and use of agency services. (Appendix Table XIV.)

A further explanation may have to do with the relationship of mental health services to community referral patterns. Because of its conception as a very specialized service, it is less apt to be the first recourse when problems arise. It is usually only after considerable other effort that clinics are called upon. The referral pattern in this mental health clinic population indicates no self-referrals, and a high proportion (about half) from school personnel.* In other words, other professional

* Similar findings about school intervention as a referral source for child problems is seen in other studies, particularly in regard to minority groups, such as Negroes and Puerto Ricans, where very early identification of child disturbances was less frequent than in other subcultural groups. [5]

and helping resources try to involve the client with the clinic, and the difficulties have been recognized outside of the family group. All three of the mental health services are incorporated within a larger host agency, in two instances as part of a settlement house program and in the other as part of a multiple service agency. This would tend to increase the possibility of more than one agency contact for these families. It would seem probable that the combination of severe personal family pathology, as well as the patterns of referral may differentiate the use of mental health services from the other agencies.

Multiple users of services in all instances appear to show characteristic patterns. In the individual services the following is noted: in casework-counseling, three out of every four of the families known as multiple users (79.2 percent) are known to group work, by far the largest category. About two-fifths of the families in the casework-counseling group who made use of other agencies, were known to either mental health, hospitals, or day care. The mental health clinics also indicate a high proportion of their multiple users are known to group work (72.7 percent). Casework-counseling accounts for somewhat more than half of the multiple users (54.5 percent) and less than a quarter were known to other mental health services, hospitals, or day care. In the hospital group, only a third of the families known are multiple users. Within the 27 families, three-fourths are known to group work and hospital services and two-fifths (40.7 percent) of this same client group were also known to casework-counseling services. The use of other hospital service, mental health clinics or day care was minimal.

In the group services category, group work showed a considerably higher proportion of multiple users than day care services. Two out of

every three multiple users were known to casework-counseling services (62.2 percent). Approximately one of every five families was known to day care or hospital services: day care was 22.4 percent and hospital services, 21.4 percent). Mental health services followed closely (16.3 percent). Thirteen families (13.2 percent) were known to additional group work agencies.

Day care shows two-fifths of its clients as multiple users. Casework-counseling accounts for 42.3 percent of the clients known to more than a single agency; group work services are used by about a third (34.6 percent); mental health clinics and hospitals are very minor resources, 11.5 percent and eight percent respectively. No duplicate day care facilities were used by any of these families.

Summary

Summarizing, certain major findings emerge in individual and group service categories. Within individual services, differences in client characteristics and problem status appear among the users of casework-counseling, mental health and hospital resources. In group services, group work and day care tend to show less variation in the populations they served and a lesser number of families with multiproblem status. In group and individual categories, more generic agency types (casework-counseling and group work) are most frequently used. Single and multiple use of agencies seems related to the degree of specialization of the agency, and the severity of client family problems. These data will serve as a basis for the examination of interactional patterns in Chapter VI.

CHAPTER VI
ANALYSIS OF FINDINGS

The major purpose of this chapter is to examine the validity of the hypotheses developed in Chapter I. Based on the findings from the two preceding chapters, the profiles of the client population (Chapter IV) and of the social agencies (Chapter V), it describes the effects of the intervening variables on the process of interchange between the Puerto Rican subgroups and the voluntary agencies.

The Effect of Agency Characteristics on Client Use

The use of the agency network appears affected by the clients' perceptions and pressures for amelioration of problems which impel them in the direction of certain facilities. Agency attributes, seen in their behavior or response toward client requests are also influential. Location and auspices are part of the agency climate, and operate along with other factors. Agency policy and application procedures, as well as service and activity categories, seem to be important; for example, the formality of application processes, the timing of interviews, concepts of brief service and continued service, often govern the movement of cases in the agency. Referral and disposition procedures also reflect differential concepts of the type of service the agency purports to offer. Specific orientation to local or neighborhood problems may vary from agency to agency. Another factor of seeming significance to effective contact is the staff's understanding of cultural variables and sensitivity to the particular forms of client response characteristic of the Puerto Rican group.

An attempt has been made to measure some factors which reflect the agency characteristics which may offer positive encouragement to interaction and facilitate the client's search for help. Eight major items have been derived from the hypotheses. An attempt has been made to scale the differential effects from positive to negative. These include the major items which were expected to have effect on the agency-client relationship.

CHART I

AGENCY ATTRIBUTES AFFECTING CLIENT USE

Agency characteristics	Effect on Client Use		
	Positive	Limited	Negative
Location	Neighborhood	Border	Out of neighborhood
Auspices	Sectarian (Catholic)	Nonsectarian	Sectarian, other than Catholic
Agency policy. . .	Open intake	- -	Restrictive (quotas)
Application procedures	Mainly informal	Formal and informal	Formal
Time between application and first interview. .	Same day or within one week	One week, under one month	Over one month
Orientation to subgroup:			
Some Spanish-speaking personnel	Yes	- -	None
Special inservice staff training . .	Yes	- -	No
Special interest and effort in program for subgroup	Yes	- -	No

What emerges from this analysis is a direct relationship between a greater client use where a greater number of positive agency conditions

are found. In the casework-counseling services, the agency with the largest number of Puerto Rican families is also the agency with the greater amount of positive qualifications. This is similarly demonstrated for the mental health clinics (although caution in interpretation is needed because of the small number of cases known to two of the three agencies). In the hospital social service group, the two most popular services show equivalent patterns of agency helpfulness. In group serving agencies, group work again demonstrates the positive role of these encouraging features in the agency which has the most clients making use of the service. The two major day care services show equivalent amounts of encouragement in these patterns.

What this suggests is that, although conscious selectivity in use of agency services does not seem to be characteristic of this client group, certain features found in combination within certain agency structures appear to be of considerable pulling power in greater client use. The fact that the sample of Puerto Rican families known during the study year shows varying proportions of involvement with agencies is not seemingly haphazard, but is affected by certain service characteristics.

For example, in the individual services, an examination was made of the distribution of agency characteristics for all three agency types. In the casework-counseling services, the agency with the largest caseload shows a number of positive factors. Location is within the neighborhood, the agency policy is one of open intake, the application procedures are mainly informal, there are Spanish-speaking staff members, and special interest and effort in programs for Puerto Rican families is shown. In the least used of these agencies, the only positive factor that exists is that the agency policy shows open intake, but the negative features are more evident; it is outside the neighborhood, application procedures

require formal appointment, Spanish-speaking staff was not available, and no apparent special interest or inservice measures were used. The agency in second ranking order also has some positives: open intake policy, Spanish-speaking workers, special interest in the group, and an additional factor of sectarian auspices which is the same as the client group.*

The mental health clinic most used by clients was favored by being in the neighborhood, having open intake policy, Spanish-speaking staff, and special interest in becoming oriented to the cultural group. While application procedures were formal, and there were also delays in scheduling interviews (not characteristic of casework-counseling), the positive factors seemed explanatory of greater client response. In the second ranking mental health service, open intake was the one positive factor known (data on agency orientation to subgroup were missing). Location on the border of the geographical area was a limited effect. In the least used service, there were positives in the same sectarian persuasion, open intake policy, evidence of interest in Puerto Rican problems, and Spanish-speaking staff, but location was quite distant from the neighborhood. (Two factors should be noted which impede generalization: first, there are difficulties in comparison because of the few cases known in the second and third ranking clinics, four and three cases respectively; and, second, it would appear that these clinical services gave considerable help to Puerto Rican families from other neighborhoods. The interest of the clinics in providing such

* It should be noted that no comparisons for matching religious auspices are really possible, since only two agencies in the study were under Catholic sponsorship. Nonsectarian agencies seem not to demonstrate any effect. Some negative influence is found in the one group work agency of another sectarian persuasion, where reduced facilities were offered to the client group.

services cannot be fully determined without similar data for study of interactional patterns of these other users.)

In the hospital group, where none of the services is located immediately within the area, the first ranking agency had connections with another medical facility directly in the neighborhood. This hospital also had open intake, special interest in cultural features, and usually gave prompt and rapid attention to applications. Hospital services actually show little difference among the encouraging factors since the second major hospital used also had open intake, fairly rapid attention to applications made by clients, Spanish-speaking staff, and interest in the cultural orientation of the group. However, natural geographical barriers due to location are to be noted. (See Chapter V, page 118.) The third hospital, with only two cases, was out of the neighborhood, lacked Spanish-speaking staff, and special orientation efforts.

In the group services, the effects of location appear equal for group work, with the exception of Agency "M" on the neighborhood border. With the exception of the "other sectarian" agency, all have Spanish-speaking staff and all the group work agencies show special interest and awareness of the problems of the Puerto Rican group. The effect of "other sectarian" auspices was seen in the small number of clients for the agency which ranks third in client use. The result of restrictive policies (quotas for intercultural balance), was seen both in the second and the fourth ranking agencies, indicating intake policy as the major difference.

In day care services, it is apparent that the over-all centralized policies reduced differences. Public nonsectarian sponsorship characterizes all three, as do open intake and formal policies for application. Location again emerges as a common factor of some pulling power, the area's

border agency being the least used. The positive of a Spanish-speaking staff member was seen only in the agency least used. (While not affecting the study group, it appeared helpful to other Puerto Rican families living in the adjacent border neighborhood.)

The Hypotheses

Data in Chapters IV and V have emphasized descriptive regularities and unique phenomena that emerge from an examination of the study population - the characteristics and problems of a population in need. The nature of the interaction with socially sanctioned, need-fulfilling institutions (the social welfare agencies) has also been described. The introductory material (see pages 6 - 11, Chapter I) indicates the conceptual frame for the examination of the client group and the agency network as sub-systems. The issues of compatibility and the existence of strains which may be dysfunctional to effective interaction have been posed in the hypotheses regarding the interchange between sub-systems.

A major assumption underlying the study hypotheses accepts the general desirability of such need-fulfilling institutions to perform effectively in meeting such needs. The fact that social welfare agencies represent the socially sanctioned communal voluntary arrangements for dealing with particular forms of individual or group stress, is one basis for the assumption. [59, p. 141] It is also believed that since they operate under "organizational" and "structural" imperatives [46, pps 167-180], certain forms and processes underlie their ability to perform functions. These are determined by aims and purposes, as well as by more specific aspects of practice developed out of ongoing experiences. It is understood, however, that within the adaptations made, differential patterns emerge as a response to the unique features within the generalized similarities.

The object of this study was to determine the extent to which need-fulfilling processes are affected by social conditions which might influence or alter usually expected agency behavior; namely, the experience in a community undergoing evident and identifiable aspects of social change (for example, demographic and physical change).

The hypotheses selected focused on aspects of compatibility in the need-fulfillment process. Based on observations of the client group and the agencies, they reflect the study of the characteristics, behavior, motivations, and expectations of both as they might facilitate or interfere with need-fulfilling mechanisms required.

The Hypotheses - Regarding the Client Group

The hypotheses established in regard to aspects of client behavior, are predicated on expectation that certain characteristics and attitudes of the study population affect the interactions.

Location (Hypothesis #1)

Location or adjacent availability of service, or the differing effects of neighborhood and nonneighborhood situation, are important as they relate to the group's perceptions of where and how to go for help. The assumption of certain limitations in experience with urban complexity and certain needs for personification in authoritative relationships are cultural features and characteristics that were assumed to enhance the attractiveness of services nearer to client residence. [44, p. 28]

This hypothesis appears to be generally supported. The fact that a most substantial portion of the agency clientele tended to use services within a close residential radius has been demonstrated. Why this is a preferred mode is also to be considered and is explained by

other aspects of the findings. If the need to personalize is a characteristic that develops as a way of coping with the institutions of the urban scene, obviously first hand or direct contact would be more desirable. More complex forms of communication (telephones, setting of appointments, etc.), are all apt to be seriously affected by specific language deficiencies, by lack of understanding of these symbolic and organized procedures aimed at institutional efficiency. Data from other observers on the preference for use of hospital emergency medical services, rather than the more formalized clinic appointments, is a good illustration. [23, 44] (This, incidentally may really represent a social class, rather than a uniquely cultural phenomenon, since it has been observed as a pattern of use in other low socioeconomic groups.) It may also be related to limited awareness of problems until they become acute. The client's demand for immediate responses to what he perceives as pressing need is not quickly acted upon in the large and often bureaucratized patterns of medical assistance in hospitals. Procedural requirements that obtain in a clinical diagnostic study are not understood. The more impersonal formalized interaction, so often part of the professional patient-doctor relationship may have particular effects on this client group. [46, Ch. 8]

Some differentials in geographical use are noted among the different agency types and categories. In the individual services, it was possible to see this most clearly in use of the casework-counseling category. The out-of-neighborhood agency ("A") represented 10 percent of total use of such services, and services most adjacent to residents ("C"), were more actively used than those of the other agency ("B"), which was located at the edge of the district. A similar pattern obtained for mental health services, although the smaller number of total cases known

to these more specialized facilities (9.4 percent) makes these findings less conclusive.

Indirect effects of location also tend to demonstrate the influence of geographic proximity. For the hospital group, where all facilities are some distance from client residence, the greatest amount of use is of the hospital connected to outpatient resources in the heart of the community. This would suggest an initial tendency to take one's problems to resources close to home. (See page 118 for description of Agency "G".) Interventive effort prior to the use of the outside hospital, therefore, was provided within the immediate residential radius. The "pulling power" of the out-of-area facility then becomes related to location. The fact that Agency "J", directly next door to the preferred one, had such minimal use by the clients from the same geographical area perhaps is another indicator of the positive influence of the prior in-neighborhood contact.

The more usual tendency on the part of the client group to contact closer neighborhood resources with greater frequency is further illustrated as follows: In all three types of individual services, the portion of the group known to more distant services tended to be multiple users, referred by other resources rather than by "self." Such clients are also more apt to be found in the multiproblem groups, suggesting that the continuing presence of family difficulties, plus the intercession and referral by other resources are pressures that may be responsible for their movement to the "out" agencies. Even with the group services, all located within neighborhood boundaries, one can see the preference for closer facilities, by the numerical differences in client use between those located in the central portions of the geographical area as against those on the fringe. (This is shown in comparison of Agency "L" and "K" with Agency "M".) Even

where an agency centrally located in the district had restrictions on client use of group work by specific agency policy (Agency "N" primarily responsible to Jewish clients), the publicly sponsored day care service (Agency "O"), located in the same building, open and available to Puerto Rican families, was the most frequently used. (See agency totals, Appendix Table VIII.) This seems to suggest that, if the client group had an open opportunity to use this agency, close to home, it would be preferred. Nonuse of group work in this instance is the result of agency policy rather than geography.

Location, as a unique factor, may be conditioned by certain other geographical features. For example, in the hospital group where there are no neighborhood facilities, it might have been expected that Agency "H", being closest to the clients' residence, would have been more utilized than the other two hospitals farther uptown. However, despite proximity, certain types of geographical barriers were noted. Agency "H" is in the center of the downtown financial district. There are hazards in the heavy traffic of intersections between the two areas, as well as the possibility of becoming lost in the maze of small and irregularly patterned streets characteristic of the area. Travelling arrangements to Agency "G" requiring south-north movement seem simpler than going east-west.*

In general, therefore, in considering the role of location, it appears that the hypothesis that "the subgroup studied will respond most

* Another illustration of the influence of natural geographical barriers can be seen in the observations made in an adjacent group work service just north of Health Area 78. It was excluded from the study plan after preliminary investigation indicated that they had practically no clients from the geographical area being studied. The reason for this was felt to be the presence of a large wide avenue, part of the access to a borough-linking bridge. This was apparently perceived as such a formidable method of access by the residents below it that it prevented use of very adjacent facilities.
[52]

quickly and positively to services geographically adjacent and available" has been substantially upheld. In those situations in which some differences are to be noted, the role of other intervening factors seems to account for deviance from the usual trends (for example, agency acceptance policy, particular problem-ridden families in need of many services, and the possible influence of natural geographical barriers). It may well be supposed that if these were absent, even greater client use of facilities within the neighborhood would be evidenced.

Auspices (Hypothesis #2)

The expectation that clients would "respond most quickly and positively to services ... closest to their own cultural and religious orientation" was predicated on certain observations of the behavior of past immigrant groups. Those experiences suggested the general notion that greater comfort and acceptance is provided in relationships between members of the same cultural and religious group. These enhance the sense of belonging and identification with characteristic subgroup values. Particularly, since language barriers constitute a formidable challenge to communication, the anticipation might even be greater that tendencies to seek out resources closer to the client's own cultural value systems would be reenforced.

The indicators for positive orientation by the agency would be the presence of Spanish-speaking staff, open intake and application permitting ready access to resources and special interest in helping Puerto Ricans. Sectarian auspices, expected to be most conducive to client application, would be those sponsored by Catholic organizations.

If one uses language capacity (the ability to speak Spanish to

clients) as one indicator of cultural orientation, it would appear that this, as a single factor, is not too influential in greater use of services. For certain types of service, it is seen in combination with other factors making for maximal use. In the individual services, variations are to be seen. In casework-counseling, the two agencies most used have Spanish-speaking staff; in mental health, the most used agency has a limited amount of such staff, the agency least used has a considerable amount of such staff available (comparatively for a borough-wide population); in the hospital services, the one most used has had considerable difficulty in providing for this, but the hospital ranking second in client use does have a Spanish-speaking staff member. The notion that this form of facilitation is not primary, is perhaps indicated by the fact that where it is associated with greatest numerical use of services, other positive factors are present. (See page 162 of this Chapter.)

In the case of the most used casework-counseling and mental health services, in addition to geographical proximity and Spanish-speaking staff, the former have open intake, more informal and rapid application procedures, and special interest seen in other forms of staff effort. The mental health service ("F") has proximity and special interest and is affiliated with the parent agency that provides the greatest amount of service in the areas of casework-counseling (Agency "C") and group work (Agency "L"). In group serving programs, the group work agencies, with the exception of Agency "N", all have some Spanish-speaking staff, but it does not appear as a uniquely distinguishing factor in client use. In day care, the least used of the three centers has a Spanish-speaking counselor. (As noted before, her efforts were directed mainly to other Puerto Ricans living outside of the neighborhood studied.)

Sectarian auspices is considerably harder to examine, since only two agencies represented sponsorship by the major religious affiliation of the client group. In casework-counseling, it was the second most used; in mental health, it was the least used. (Findings cannot be considered conclusive because of the potency of other factors and the small sample of cases.) The negative effects of "other sectarian" auspices are seen, however, in Agency "N" which considers its obligations to another cultural group as primary. A higher potential for Puerto Rican use is suggested by the discrepancy between use of group work services and those of day care. (See page 169 of this Chapter.) The findings, therefore, suggest that the effects of similarities in cultural and religious orientation between client group and serving agency is not a conclusive factor in use of agencies. There is little support for its potency as a unitary influence although it may create additional facilitation when other favorable conditions exist.

Explanations for this finding seem related to certain client characteristics, both individual or personal (in experiencing severe stress and need) as well as the social character of the agency sub-system. In regard to the former, the more potent impact of proximity or location suggests that the pressures felt by client group push toward solutions to be found anywhere rather than concern for who will give it. Additionally, comments by some observers suggest that some Puerto Ricans' relationships to sectarian organizations are generally perceived as formal and limited to areas of religious concern. [44, p. 273] The influence of religious orthodoxy is described as not as great as it is for some other subcultures (for example, nominal church membership is often seen both in Puerto Rico and New York). [44, pps 123-124] Handlin refers to the "strategy" of

adaptation, part of the struggle against discrimination, which aims more at the use of already available services rather than at the communal development of one's own organization (more characteristic of earlier European immigrant groups). [22, p. 110] The relative strengths of these factors is hard to assign, what remains evident is that in movement toward amelioration the "helper's" affiliations and incorporation of cultural features seem less important than the geographical proximity and availability of assistance.

The Satisfaction of Immediate Needs and the Responses to Specialized Services (Hypotheses #3 and #4)

The previous discussion brings sharply into view the kind of help sought and the degree to which the sociocultural context of the client's life affects use of services. Stated in two related hypotheses, they declare that the client group "will respond ... to the services which relate most directly to the satisfaction of immediate needs" and that "response to more specialized services will be influenced by their movement into the main stream of the dominant culture."

These expectations are based in part on historical analysis of the experiences of other immigrant and minority groups. Behavior aimed at satisfying immediate needs was frequently seen in response to the initial impact of negative life circumstances following migration. For the first generation, it is described as a period of intense stress requiring considerable help in adjusting to often simple, but different, methods for coping with daily life. [2, 21, 22, 23, 44] Such conditions may require temporary help in orientation. The content of requests would be expected to reflect the pressures of poor housing, economic insecurity, and help with adaptive life details for which the client's knowledge is insufficient

or where prior modes of adaptation seem inappropriate or inapplicable. It would follow that the more recent the entry onto the new scene, the more likelihood there would be of encountering such difficulties.

From other descriptions of past immigrant groups, it would also be anticipated that, within one or two generations, such pressures are often relaxed, varying degrees of success have been developed for coping with the new environment, acculturation and movement into the more typical mores and patterns of American society would be evident.* [20, 21]

In evaluating the degree to which the hypothesis regarding satisfaction of immediate need is concerned, the nature and distribution of problems in the study population seem germane. The effects of length of residence are significant to the hypothesis regarding movement into greater acculturation. (Hypothesis #4)

Certainly, it appears that many of the client problems cited would support the notion that negative environmental circumstances generally affect the Puerto Rican group studied and that many of them require help in the satisfaction of immediate needs. More than half of the group (51.4 percent) indicate financial and income production problems; more than a third are dependent partially or totally on public assistance. Problems in budgeting, indebtedness and overextended credit are also seen. Employment or "earnings only" as a source of income is found for slightly less than half of the group (48.8 percent). It is also evident (as with other recent

* This somewhat "historical" view of America's promise is mitigated by description of current experiences emphasizing that structural differences in today's society have considerably reduced the possibilities for such adjustment. For example, greater fixity in class structure and membership and less demand for unskilled labor reduced upward mobility. (See Chapter II, pps. 12-16.)

newcomer and minority groups), that labor skills are minimal and employment opportunities correspondingly affected by the limited degrees of work competence, language, and educational deficiencies. Housing, while a less severe external pressure for many in this group (two-thirds are accommodated in public low cost housing), is, nonetheless, associated with problems. The most recent arrivals are most disadvantaged (20 percent of the group in New York four years or less are not in public housing, and 55 percent of the nonproject residents are more recent migrants). Larger than usual family size creates overcrowding, and rates of housing density are greater than the city-wide average. Physical illness rates are high and require considerable medical intervention. The need for help with parent-child relationships, child behavior and "advice and counseling" for a variety of crises and temporary situations is notable.

All of the above characteristics, needs, and presenting problems illustrate the demand for intervention that would suggest that the hypothesis regarding need fulfillment on a direct and immediate level is upheld. This is also seen in the forms of use made of agency services. The greater amount of brief service cases in casework-counseling and medical resources, the large number of users in the group programs, and the smaller number in specialized resources of mental health and day care, are indicators.

In regard to hypothesis #4, distinctions within the groups would indicate that the connection between length of residence and need for help are not on the continuum anticipated. Looking at the data provided by the multiproblem analysis, it becomes clear that it is within the "moderate" group (with one problem only) that the greater number of recent arrivals is to be found. The "extreme" group responsible for most of the problems for

the entire study population, has the smallest number of newcomers. The role of external circumstance and adaptation to a new scene seem more directly shown in the requests for assistance in the "moderates." The "extreme" group, less than one-fifth of the total study population, continues to be beset by what appears to be a disproportionate and accrued, or compounded amount of difficulty as shown by their greater number of problems per family. Even in referral behaviors, "extremes" seem less able to initiate moves toward assistance, intervention by others (voluntary and official agencies) on their behalf is most often the basis for their interaction with the agencies.

What is suggested is differential support of the hypothesis stating the tendency to use agencies for help with immediate needs. Such behavior is more characteristic of the "moderate" and "severe" groups than of the "extreme" group. The differences emerge in comparison of length of residence, the number and severity of problems for these groups. The "extremes" as indicated above, seem a special case. Serious failures in accommodation and adaptation seem more pervasively characteristic, and chronicity in maladjustment is frequent. Berle's material is supportive of these observations and offers some explanatory ideas about certain families that have had long-time problems. (See Chapter II, page 31.)

Another difference found in the multiproblem group is the higher rate of certain disorders, usually less traceable to direct and immediate environmental influences. While financial stress and physical illness are factors most prevalent for all groups studied, other problem areas seem more restricted to the "extreme" or multiproblem group. These are to be seen in the greater amount of marital disorders and more deviant forms of social or individual behavior (crime, mental illness, delinquency).

Again, the "extreme" group accounts for more than half of the total population's marital difficulties (62.7 percent) and illegitimate parenthood (56.3 percent); diagnosed emotional or intellectual impairments in adults, and breakdowns in parental functioning are found in two-thirds of the subgroup (both 67.0 percent); adult criminal behavior, intellectual and emotional problems in the child population are almost half (41.0 percent) of all the disorders reported. These problems that exist in combination within individual families in the "extreme" group suggest that the multiple needs make many demands on the total social service network.

In regard to both hypotheses, the following findings emerge: Positive support for hypothesis #3 can be found in the fact that the entire study group gives evidence of the kind of problems that require temporary and frequent assistance in coping with immediate (often negative environmental) circumstance. However, certain segments of the study population are beset by more than an expected share of problems. These are not necessarily the more recent newcomers. The anticipation in hypothesis #4 that groups with longer residence would give evidence of greater acculturation and consequent selective use of more "specialized" agencies is not to be found. The multiproblem group (with a disproportionate share of "disorders" for their number in the study population) makes more use of all agencies including the specialized ones; for example, mental health clinics. Their presence in agencies is usually the result of direction by other "caretakers" rather than voluntary election or conscious choice. For the present, therefore, it is not possible to establish the positive relationship postulated in hypothesis #4 between length of residence and effective acculturation, in this sample.

The Hypotheses - Regarding Social Agency Function
and Process

Analysis of the degree of support for hypotheses regarding agency functions and processes again utilizes comparisons of the number of clients in the evaluation of agency activity. Responsiveness to a subgroup's needs, and the differentiated or selective opportunities provided for helping with problems are demonstrated by client use. They are also illustrated by certain forms of agency response and behavior.

Some of the criteria developed for understanding the agency's role are applicable to more than one of the sub-hypotheses in the general area. (See page 161 of this Chapter.) For example, one of the specific indicators used for the "provision of special techniques and devices" (hypothesis #9) is the presence of some Spanish-speaking personnel, another is the presence of inservice training in the agency. These two indicators are applicable to the question of enhancing techniques for communication with clients. They also reveal certain aspects of the perception of responsibility (hypothesis #5). Agency policy, seen in open intake (which facilitates the agency's responsiveness to clients), is applicable to three hypotheses. It is illustrative in demonstrating the agency's knowledge of the group's characteristic way of seeking assistance (#7), the understanding that stresses or problems constitute immediate pressures (#8), and also represents another measure of the agency's perception of responsibility (#5). However, despite the interchangeability or multiple application of certain indicators to various aspects of agency behavior, it appears possible to look at the sub-hypotheses discriminately.

The Agency's Perception of Responsibility (Hypothesis #5)

Three major areas of agency's characteristics are seen as affecting the perception of responsibility. Agency policy, as demonstrated by the availability of service (open intake as against quotas) is one. Agency procedures which includes the necessity for formal application, the time span between the client's application for help and the first in-person interview, is another. The third area involves attitudinal features (agency orientation), and includes the enhancement of communication possibilities (via Spanish-speaking personnel, staff inservice training or education of personnel), the demonstration of special interest or awareness of problems of Puerto Ricans.

These factors are found in combination in the agencies which appear to be most capable of setting up effective relationships, demonstrated by greater client use. The most "successful" in the individual services -- Agency "C" (casework-counseling), Agency "F" (mental health), and Agency "G" (hospital) -- all have in common an open intake policy and evidence of special interest and awareness of the Puerto Rican group. Both the hospital and casework-counseling agency provide rapid service with less formality. The child guidance clinic is more structured and has a longer wait between application and first interview. Enhancement of communication possibilities is seen in the special efforts and expressed interest in giving help to Puerto Rican clients. While in the most "successful" hospital, there are no Spanish-speaking personnel, the special efforts at educating staff in cultural features may be a positive condition which mitigates the absence of language skills in staff members. In group services, similar conducive factors emerge. The most used

agency has open intake, informality in application procedure, provides Spanish-speaking personnel and particular programs geared to the population's needs.

These same factors of policy, procedure and attitude appear to be much more limited in the "less successful" agencies with the least client use. In individual services, the casework-counseling agency with the fewest clients from the study population, has open intake as its only positive. This is also seen in the least used hospital. Those group work services which had less clientele demonstrated particular features which operated against client encouragement. All of them had quota intake which formalizes application procedures, and they showed more limited interest in Puerto Ricans as a group; for example, efforts directed only at child populations rather than total families.

Mental health services proved to be the only area in which patterning in regard to policy, procedures and attitude is not similar. All three have open intake and the least used also had Spanish-speaking staff to be considered as encouraging to use. Formal application patterns are common to all three. However, the small number of total users for all three limits analysis of trends. Also, the two least used are affected by "outside" geographical location and it appears that other Puerto Rican families from different residential areas make more substantial use of the clinic's services.

In summation, it would appear, however, that the agency's perception of responsibility to the client group is expressed in aspects of policy, procedure and orientation, which, when conducive, affect and encourage the participation by the clients.

Identification with Prior Groups (Hypothesis #6)

The implication of this hypothesis is connected with the previous one. If the perception of responsibility is actually directed toward groups other than the Puerto Rican segment of the community, this is seen as reducing the sensitivity and responsiveness to this needy group. The most outstanding example is seen in the group work resource under "other sectarian" auspices, where only a limited and special program includes the study population (Agency "N"). The quota intake policy of other group work agencies ("K" and "M") also reflects barriers to use by Puerto Ricans. These are seen not only in membership statistics, but in the qualitative data from interviews with agency staff which indicated considerable problem in reaching and involving Puerto Ricans in their agency programs.

These often tend to be attributed to the limited degree of acculturation in the study population. However, the frequent allusions to social isolation and hesitancy in participating in activities with other identifiable groups, also might indicate problems in agency perceptions of the Puerto Rican group. There may be greater comfort for agencies in working with subpopulations with whom communication has already been established; the setting up of prior associations becomes part of the agency's anticipations as to who will make up the client group. In the casework-counseling services, in the least used agency (Agency "A"), the prior experiences in working with Negro families from another portion of their large geographical district may also have resulted in greater identification with such groups. What is suggested is that perception of responsibility is, in part, affected by policy mandate (who will be served), the prior patterns of operation and interaction (who has been

served), and a continued demonstration of further requirements for help in such groups (who needs to be served).

The contrast between Puerto Rican client use in the group work and day care services housed together in Agency "N" is another example. While over-all auspices and financing of agency are directed to the "other sectarian" group, the extensive use of day care facilities by Puerto Ricans suggests that the needs of the mandated group are much less in this area. (The Jewish population with working parents and younger children is not as great.) Public sponsorship makes this particular service available to Puerto Ricans. In the casework-counseling agency, as stated above, the continued needs of many Negro families coming from areas where there has been prior service-giving and the concept that one should be available to all groups in the community, may operate to reduce special efforts to newcomers (particularly if the previously served groups continue to show demands and make full use of agency activity).*

What appears indicated is that the hypothesis (#6) is supported. Where there is strong identification to previous groups, expressed in intake policy, and attunement to the needs and programs for other special groups, the ability of such voluntary agencies to serve Puerto Rican newcomers is negatively affected.

Knowledge of Social and Cultural Orientation (Hypothesis #7)

Staff sensitivity and awareness of the role of cultural factors

* It should be borne in mind that the voluntary agencies studied may show differences from public services. In public agencies, perception of need and direction of service is often more responsive to current population changes because of the requirements of services to all implied in public sponsorship.

as it influences response to agency service seems a major aspect in this hypothesis. Indicators for this are not only the presence of professionals with knowledge of language, but the more specific understanding of cultural modes of response. Often, the fact of Spanish-speaking is not enough. Language as a communication tool needs to be buttressed by appreciation of the role of cultural differences in the client's perceptions of the problem.* These may relate to their attitudes toward solution and their ability to have expectation of change. Distinction can then be made between handicaps in problem solution contributed by ignorance, fear or differences in cultural orientation as distinguished from idiosyncratic or distinctly personal responses.

[2, Ch. XII; 43; 44, pps. 275-279] Agency attempts to incorporate various forms of cultural understanding usually through the introduction of special education (for example, inservice training), are seen as helpful in addition to use of Spanish-speaking personnel. Program or service items also seem to have their effects.

In individual services, the two casework-counseling agencies that attracted the greatest number of clients have Spanish-speaking personnel. Their policies and procedures in serving clients also gave recognition to cultural patterns of requesting help; namely, the frequent

* It has been noted in administration of social welfare, that staff and client membership within the same cultural identifiable group is not necessarily and of itself sufficient to assure understanding. In minority groups, particularly where an individual's efforts may result in membership and inclusion in professional groups, this demonstrates a degree of social mobility far beyond that of the many others. Called upon to deal with one's own group as clients often creates conflicts and certain forms of alienation or rejection of prior cultural values may occur. [14, p. 51]

demand or requirement of immediate attention to a crisis or pressing problem. This was seen in the prompt availability of the staff, the short span of time between client application and case activity, and in the attempts at rapid amelioration of the problem presented. Case activity had many forms: clarification and facilitation of contact with another needed agency (particularly public welfare, medical or authoritative agencies as courts and police), direct aid in the form of special financial assistance or loans, services in kind (such as clothing or infant layettes), the use of helping personnel in family functions (homemakers, nursing homes, child care arrangements). The concreteness of the response to needs, as well as the immediacy of activity seemed attuned to the group's own perceptions of their needs.

Casework-counseling services that are more formally organized, that give formal appointments, that put some premium on the client's own independent efforts to meet their own needs, were less effective. Comments from some of the individual service agencies indicate some concern with the Puerto Rican client's tendency to present problems with great immediacy and absence of perception of more chronic issues or continuing crises. The inability of such clients to sustain longer term efforts at consideration of problems (Agencies "A" and "D") is often seen by staff members as being inappropriate to adequate solution.

In the most effective mental health service (Agency "F"), an example is offered in the development of special techniques in home visiting to involve family members. This not only gives consideration to the larger family context of a child's emotional difficulties, but also may introduce new concepts of parent-child relationships that may alter dysfunctional aspects of the previous cultural child-rearing pattern. The hospital

services (Agencies "G" and "H"), in their recognition of the validity of of brief services, their use of staff education to learn about particular features of Puerto Rican culture as they affect role performance (role of women, family life features), as well as their distinctly educational efforts in child care, maternal health and sanitary procedures, all suggest a high degree of sensitivity to cultural differences.

The group work agency ("L") that helps facilitate daily living in an urban slum through summer outings, workshops where shoes and clothing and furniture repairs may be made (as an addition to the usual programs for peer groups and special skills) takes into account some of the unique aspects of this clientele's needs. Day care services, which truly facilitate parental capacity for child care, by offering adequate substitute daytime arrangements, can also be perceived as a form of service that is appropriate to the particular problems of Puerto Rican families. (The feeling on the part of that agency's personnel that the current limitations impose eligibility requirements that reduce the potential to deal effectively with more families seems appropriate to this point.)*

Knowledge of Environmental Stresses (Hypothesis #8)

Similar indicators would be applicable to the hypothesis on environmental factors as in the previous discussion of cultural orientation (#7). Particularly germane are the examples from the group services

* The absence of larger numbers of child care programs (except during World War II) such as "industrial" day nurseries as seen in other nations (for example, France and Mexico) where these have been developed not only by public services, but also by the private sectors of the economy, is perhaps an example of the perception of an "affluent" society in which child-rearing functions assume adequate economic status.

(the program of Agency "L" for adults, workshop, outings and the day care services), as they show the agency's awareness of the stresses that come out of low income status and the pressures associated with living in areas of high housing density. In the individual services, the efforts at client education, the concerns for helping with daily life problems of family management, and improvement of negative living conditions showing awareness of environment, are seen both in the more used hospital social service departments and the casework-counseling agencies.

It is evident that some additional problems are posed by the question of how capable social agencies feel to deal with environmental stresses. If one distinguishes between factors internal and intrinsic to the individual and those more obviously external, it would appear that the assigned social role and sanction given to voluntary social agencies does not necessarily include the revamping of certain societal features. Economic planning occurs in other sectors, such as government and industry, and even many of the public social programs that strenuously affect the nature of environmental circumstances, public housing, employment and work training, education, are considered as separate from usual forms of social work activity. [59, p. 147] The emphasis on individual adjustment both in individual and group methods, which is characteristic of social welfare agencies, may also be impotent or helpless to affect such areas. Although the hypothesis being considered emphasizes "knowledge" rather than activity, the attitudinal features implicit in some current concepts of social work activity may perhaps reduce sensitivity or ability to cope with these types of external pressures.

It is interesting to note that in all of the agencies, particularly where there is some recognition of these features, there is a tendency to

see them as factors that cannot be dealt with as such within program facilities, except as individual problems. They are often designated as appropriate to the area of "community" activity or "social action" but not within the central form of agency activity and program.

Perhaps some different conceptualizations are required. Even those agencies which had considerable dealings with individuals or groups exposed to environmental stress, did not appear to give much consideration to tackling the issues on different levels. Some questions arose in the investigator's mind, in the face of individual agency comments on the difficulty of dealing with agency bureaucracy (notably in the public sector, such as welfare and courts) and the lack of coordination of most agencies within the social service network. Would it be possible, nonetheless, to make attempts at amelioration of certain procedures affecting a significant number of clients known to a particular service? For example, would consultation with the district administration of the Welfare Department affect services to the total group? Would greater interaction and planning with public Housing Authority personnel about the relationship of group work programs to youth development or family life aid in the adaptation of families in public housing? What kind of coordination and sharing of experience among the individual agencies could relieve the pressures for the client group as they move among the maze of the only partially understood, specialized, functional divisions of social work practice?

There is evidence that some efforts are made. They are often piecemeal, and sometimes emerge as the result of vivid demonstrations of need. The introduction of a special facility for work with street gangs of Puerto Ricans and Negroes in an agency mandated to serve another group,

came as a result of the dramatic impact of a gang killing which occurred just outside the agency door. A recent community program started by Agency "N" is another example. The work with a group of tenants known to the Department of Welfare, who live in substandard tenement dwellings, is toward reduction of some of the physical hazards and conditions, and unnecessary hardships encountered. As a joint project, it involves caseworkers (from Agency "A") as well as two group work agencies in the neighborhood (Agencies "L" and "N"), who meet together with families around the variety of problems they encounter. Other examples are the housing clinics (Agencies "L" and "N") which attempt to inform tenants of how to obtain action in regard to negative living conditions.

In the group work agencies, examples of environmental awareness are seen in participation in community councils, attempts to develop leadership potential in Puerto Rican and other local resident groups, and the recognition of the need for more inclusion of neighborhood persons as part of agency board structure. The experimentation with special schooling for disturbed children in cooperation with the Board of Education (Agency "F"), represents another type of attempt to deal with certain social circumstances. Cooperative efforts that have been started between homemaker services of casework Agency "A" and aged clients known to Agency "J", while primarily oriented to individual cases, can be seen as facilitating the living stresses of aged persons.

Examination of agencies suggests that these trends are not necessarily characteristic only of agencies most used by a newcomer group. Broader community programs are also found in some of the least used agencies. Such programs are generally seen as peripheral to the main work and agency method. Therefore they may depend less on well formulated agency purposes

directed toward serving particular client groups and more on fortuitous circumstance. Unlike the area of knowledge of cultural and orientational factors, more directly connected to the nature of client responses to service, the direct manipulation or focus on environmental stresses seems less explicit. The former tend to become a significant intrusion into the case or group process, or, at least, are used as explanatory of difficulties in relationships between the client-applicant and agency personnel. The latter (perhaps because of generalized applicability to many types of clients or persons in lower socioeconomic groups), is less apt to be seen as an area requiring specific knowledge of stress in a particularized segment of the population. Similarities in the life experience of all persons seriously affected by common deficiencies in low socioeconomic environments may actually reduce the sensitivity to particular conditions.*

An additional factor possibly reducing the agency's perceptions of such features may be the use of agency locales for giving service; for example, interviews and contacts are frequently in the agency office or in the settlement house. This also tends to put into the background the continually stressful nature of life conditions and detrimental environment.

Provisions of Special Techniques and Devices (Hypothesis #9)

Some of the indicators involved in other hypotheses have taken

* The considerable number of materials developed on the "culture of poverty" be it Mexico City (Lewis) or Harrington describing the various American subgroups that are so affected (agricultural, the aged, the urban poor) attest to characteristic features in all such experiences that make for a similar drab ghetto-like, physically inadequate and environmentally hopeless slum existence. Harrington (pps 160-161) refers to the "wholeness of poverty." [23, 25, 26, 36]

into indirect account the facilitating role of Spanish-speaking personnel, and the enhancement of staff knowledge of cultural factors as a pulling force. However, the notion of conscious and purposeful introduction of various devices that relate themselves to selective provisions of help is required for consideration of this hypothesis (#9).

The agencies with specific planned activities directed at the particular subgroup are the ones in which client use is most encouraged. They also seem to be able to communicate this very clearly, even in the face of practical problems. The hospital service that is not able to provide Spanish-speaking personnel (a problem not the result of conscious intention but realistic personnel shortages), has by its determined policies of other sorts indicated its capacity to be of service. This is seen not only in staff education (inservice training) about cultural differences, but within a larger context there is an appreciation of what medical services can contribute. Conviction about the special needs of Puerto Rican patients is seen in the idea of maintaining contact with a single physician in the clinic, the recognition of the significance of brief services, the facilitation of referral processes between outpatient and inpatient care as needed, and the short time lapse between application and client interview.

Similarly in casework-counseling, the staff members' language skill, the immediate offering of professional time (for walk-ins), the emphasis on providing concrete services, the offering of certain help in the form of goods as well as services (clothing needs), the recognition of family variables, and sensitivity to client stresses; all are part of distinct concepts of how to offer services in the agencies most frequently used. The child guidance clinic that attempts to reduce intake pressures, that perceives of additional educational services, that attaches significance

and participates in family life education processes (introduced on "home ground"), also demonstrates more conscious choice of certain directions predicated on some precise thinking as to client needs.

In the group services, similar trends are noted. The use of specific program items (workshops for example) as well as the provision of personnel knowledgeable about Puerto Ricans, the open door policy (non-quota), the special interest in tenant problems and other aspects of environmental stress, the home visiting techniques, are illustrative in the agency most frequently used.

These data would tend to support the hypothesis (#9) that special devices and techniques geared to the knowledge of the subgroup, if consciously put into effect, have considerable merit in attracting clients to a greater degree.

Summary

In summation, the hypotheses regarding client use demonstrate location as a major factor. Auspices appears to be less important in the same sectarian or nonsectarian agencies. It appears that client use of agencies is strongly connected to the meeting of immediate, pressing environmental and social problems. This is demonstrated in the client's more frequent use of more generic services in casework-counseling services, and in group work agencies (used to a greater degree than day care). The notion that specialized services would be more used by more acculturated longer-time residents seems not supported by the data on client use.

The agency characteristics of effective importance include geographical proximity to client residence (location), and aspects of policy and perception which influence the client's response. Those agencies

attempting to relate to the special needs of the group, showing conscious or more explicit knowledge of what this requires, are the ones that apparently attract the greatest number. This is evidenced in greater perception of responsibility to the Puerto Rican group, which is not interfered with by identification with other previously served groups; specific knowledge of cultural features that are characteristic of Puerto Ricans; as well as the introduction of specifically helpful procedures within the agency. Knowledge of environmental stresses, as such, does not appear to distinguish between the more or less "successful" agencies. This may be explained by the fact that such issues are generally perceived by all agencies as being less within their province to affect. It would appear that the agencies that serve a smaller number of Puerto Rican clients residing in the study neighborhood are not only less available geographically, but have certain procedures and attitudes which seem to reduce their ability to attract and sustain clients. Such things as formalized appointment procedures, lags in time in the application process, as well as some direction of program to broader groups in the community, rather than the specific Puerto Rican subgroup, reduce the effectiveness of the interaction between the study population and the agency.

CHAPTER VII

CONCLUSIONS AND IMPLICATIONS

Summary of Study Method and Findings

This research effort has been an attempt to develop further understanding of forms of institutional process and social change as seen in the behavior of certain socially sanctioned social work institutions. The interaction of a particular segment of population with these need-serving organizations has been studied to determine which interchanges may be productive of functional or dysfunctional consequences. The particular situation studied was that of a neighborhood network of voluntary social welfare agencies as they interacted with a group of Puerto Rican families who were applicants.

Using Parsons' concept of systems of action, these two sub-systems of a community social system were examined for integrative modes. Integration was seen as a process of flow in which the interchange of entities involved an "in-put" in the movement of the applicant "client" group toward social agencies, and "out-puts" or consequences as seen in the agency's behavior in responding to this applicant group. (See Chapter I, pages 8-11.)

The original prompting for the study came from observations which indicated some strains and tensions in the response of agencies to the needs of this distinctly identifiable group. The hypotheses developed suggested some of the factors presumed to operate as intervening variables, affecting the degree of compatibility between the client population and the agencies.

The basic measures for determining degrees of compatibility or "success" were comparative figures on client use of the various agencies that comprised the sub-system of the neighborhood network of social agencies.

Since the agencies included represented the full range of voluntary institutions offering social services to Puerto Ricans in the residential area, an initial assumption was that they could all have been equally used. The use of a total year's roster of Puerto Rican applicants, resident within the same geographical area, was a further method of ensuring that the trend data in the patterns of interaction were sufficiently represented so as not to be fortuitous. The analysis of the data then determined what were, in fact, the more used, and therefore more compatible "need-fulfilling" institutions for the study population. The attributes within client and agency sub-systems posited as tending to influence positive and negative modes of integration, were then evaluated for their effects. The findings for both sub-systems indicate differential support for the formulated hypotheses.

In the findings for the client group, the location of the agency close to residence, "services geographically adjacent and available," seems highly influential in encouraging greater client use (hypothesis #1) and appeared associated with the marked tendency within the Puerto Rican subgroup to request aid from the agencies for "the satisfaction of immediate (precipitous, stressful) needs" (hypothesis #3). Data on client use of agencies similar in cultural and religious orientation, appear inconclusive (hypothesis #2). This finding is partially explained by limited representation in the agencies studied, and by a general absence of such indigenous structures in the social welfare network. The expectancy that clients more acculturated and adapted to prevalent social values would be selective users of "more specialized services," (hypothesis #4), does not appear to be substantiated. Most of the client subgroup with longer residence in New York, despite their greater exposure to dominant cultural

concepts and values, actually seem more "alienated" and distant from making social progress. They demonstrate a greater concentration of combined difficulties, and serious disorganization in problem-solving capacity or ability to make choices about sources of help.

The examination of data regarding social agency function and process shows that certain of the hypothesized influences do operate uniquely. It appears that those agencies with "strong identification and loyalty to previous groups served" (hypothesis #6), do not respond positively to newcomers. The obverse appears -- they are not only least used, but, by virtue of their policies and practices, often create barriers to Puerto Rican client participation. Such prior loyalties, as postulated, therefore, have a negative effect. As regards the anticipation that "knowledge of environmental stresses and problems" would affect agency responsiveness (hypothesis #8), it seems not particularly pertinent to the helping process in any direction. While such stresses are pervasive and characteristic of many applicant families, the functional specificity of the voluntary agencies studied, tends to deal with the indirect consequences rather than offering direct amelioration (financial help, change in housing), and makes such knowledge peripheral to their major case and group activities.

The remaining postulates for agency responses seem to be upheld. They also appear to operate in combination and progressive sequence. Those agencies that "perceive their responsibility to the Puerto Rican subgroup," that is, demonstrate positive motivation and concern (hypothesis #5), do interact with greater frequency and seem preferred by the client group. These same agencies also demonstrate more "knowledge of the cultural and social orientation of the group to be served" (hypothesis #7). This is

a probable prerequisite to the finding that the most used agencies also show greater "provision of special techniques and devices geared to greater knowledge" (hypothesis #9).

There are implications in these findings for increased knowledge about interactional processes. The examination of a particular example of integrative modes between the two sub-systems studied was aimed at identifying some of the positive and negative consequences that arise within such an interchange. Social agencies, as one of several societal mechanisms for social facilitation and social control, operate so as to counteract deviance from more institutionalized normative patterns. [46, p. 250] Agency methods for such purposes show intervention directed toward the behavior of individual clients, and institutional behavior toward societal groups or classes. The study's concern was directed toward the latter, the disturbances in the equilibrium of the interactive sub-systems (agency network and client subgroup).

The results in this particular situation suggest that, although the agency sub-system may be more equilibrated with other client groups, distinctive features within this newcomer group affect client group "in-put" and result in "out-puts" which are often less functional for positive interaction. In the following discussion, more emphasis has been put on the dysfunctional consequences, as they tend to have serious implications both for clients and agencies.

The In-put Factors (The Study Population)

For the study population, there is some evidence that certain perceptions and characteristics within the Puerto Rican group, shown in their requests to social agencies, demonstrate areas of strain. Many of

these reflect limitations in dealing with complex urban patterns and individual expectations which interfere with more satisfactory adjustment to various aspects of the environment.

Identified in the group's characteristics, as a newcomer and transitional population, are suggested variables from usual features of the population at large. These are either antecedent or current factors influencing adaptation. Major ones that emerge from the study are family factors, economic and other environmental aspects.

In family factors, there are certain features affecting current life conditions and productive of social problems which seem less frequently found in the dominant patterns of the urban nuclear American family. Large family size, the frequency of openly discernible difficulties in marital status, stresses in child-rearing occasioned by the presence of a large, young child population where there are many working mothers, all are examples of distinctive features within this client group. Environmental problems associated with recency of settlement, and newcomer status also are seen in undesirable housing, low economic levels and income production; for example, the role of public assistance. Employment is affected by deficits in education, language, and work skills, as well as by the general availability of occupational opportunities. Combined effects of environmental and personal problems are seen in the large amount of acute and chronic physical illness in individual family members. Reports of deviant behavior, crime, delinquency, and mental illness indicate their greater concentration within the "multi-problem" families.

In the interactional process with the social agencies, certain behavioral and attitudinal features emerge as characteristic of these Puerto Rican clients. It would appear that a large proportion of them

show essentially unselective and functionally undifferentiated choices of the agencies to whom they present their needs. (Geographical proximity seems a major "pulling" force.) Also, the point in the history of a given problem at which client requests are initiated, frequently represents acute and serious crises, or long-neglected needs demanding immediate response and emergency service. The suggested explanations for such trends in client behavior appear to be located in two areas: the cultural levels and expectations of a transitional group, and the disorganizing effects of settlement in a complex urban environment.

In the case of the effects of a different cultural value system, there is considerable material indicating limited experience, prior to migration, with organized social help and aid institutions (particularly those under voluntary auspices). Additionally, within this subgroup, there appear to be somewhat more fatalistic perceptions and acceptance of stressful, negative pressures as a necessary part of the life process. (This has been noted as characteristic of many migrants and immigrants. [2, 23, 44, 56]) Despite the presence of emotional closeness and cultural emphasis on active contact with extended family and kin, communication and ability to give assistance is affected by the similarity of urban life pressures in available family members. Few who are called upon can help solve the other's problems. The general absence of indigenous organizations to aid in the acculturation of more recent arrivals, also contributes to limitations in perception or to the introduction of more adequate coping devices from within the subculture. Different, usually less effective methods of dealing with preventable conditions, due to ignorance or unfamiliarity with techniques and devices, also seems to increase the severity of problems encountered.

Environmental complexity is a second major source of difficulty. The need to concentrate on basic supplies for life needs -- to find work and provide family income in a competitive labor market, to deal with daily reminders of the inadequacy of housing arrangements (density as well as poor facilities) -- as these assume precedence, leave little time or energy either to initiate or pursue help for other associated social and individual problems until they become emergent.

The kind of helplessness induced by past cultural expectations and current environmental pressures, also tends to bring to the presentation of these problems, a quality of dependency. These attitudes are often seen in the demand on agencies for mediation and help in even locating sources of assistance. The utilization of "intermediaries" of nonprofessional status is described by various observers as a frequent mode for seeking aid. [2, 44, 56] The use of the geographically close, rather than necessarily appropriate or applicable agency, may also be considered illustrative of such dependency attitudes.

There appear to be effects on agency practice of the in-put of such factors as the client's limited knowledge and unselectivity. Pressures placed on the agencies to respond immediately to exacerbated and complicated situations constitute a strain on formally organized patterns of service-giving. The combination of severe problems existing within a family unit, often as yet unrecognized by its members, intensify a particular presenting request. They frequently represent an overwhelming parcel of difficulties, requiring considerable sorting-out. The client's tendency is more often to seek crisis amelioration rather than to see the need for consistent efforts at improvement. The "emergency" elements reduce the agency's ability to study and evaluate client needs fully or to decide on appropriate

activity; functions usually considered an important part of the professional social work skills that contribute to problem-solving. Specific absences of facilitating devices (general shortage of Spanish-speaking workers, absence of sufficient professional staff and time required to deal with time-consuming emergency arrangements), appear to make such client pressures even more excessive and stressful to agencies.

The large number of environmental pressures, often not amenable to social work assistance alone, and not formally within the helping functions of social agencies, is another area of frequently unsuccessful contact with the client group. While coordination or interconnection with other social institutional aids is possible (Housing Authority, courts, Social Security programs, medical help, job placement), the ameliorative efforts required by such presenting problems (even those affecting family functions) are often the responsibility of different disciplines under different sponsorship.

In summary, the effects on client in-put on social agencies show a considerable degree of distance in this client group with its uniquely (culturally) influenced manifestations, from expected behavior and performance characteristic of major patterns of adjustment in the dominant culture. Family and individual differences, environmental factors, as well as distinctive patterns for presentation of needs and problems, at variance with accepted or more typical behavior, appear to influence the degree and amount of positive integration of "problems" with "problem-solving processes." In more exaggerated situations (multiproblem families) even greater lack of concordance is seen.*

* This latter is not necessarily a unique cultural finding for all Puerto Ricans. It can be found in many other multiproblem groups in some proportions. However, the characteristics of accrual of problems and multiple use of agencies, usually for short periods of time, with inability to sustain relationships with the "treating agency," wherever they exist have resulted in the same inability to mesh client problems and agency services; a lack of consonance between "need" and need-fulfilling institutions.

The Out-Put (Agencies and Their Responses)

Agency behavior shows a considerable range of differential responses to Puerto Rican client groups. All of the agencies studied had the common features of being available to clients residing in the neighborhood. In each agency subcategory, there were essential similarities in program, staff activity and understanding of professional method. Certain specific features, found to greater or lesser degree, seemed to account for the emergence of some agencies as more effective, as judged by client use. Those agencies that attended to unique cultural and idiosyncratic group characteristics seem to have been the most successful as "need-fulfilling" institutions.

The indicators of greatest positive encouragement reflected awareness of the client group and its ways of relating itself to agency services. Among the indicators were those of rapid examination, treatment and disposition of presenting problems as a response to immediate needs; the use of devices that facilitated interaction, such as less formal application procedures, open nonquota intake; forms of help in program and activity encouraging responsiveness, seen in use of home visits, workshops for home repairs, consistent assignment of a clinic doctor to a family; the creation of educational opportunities for staff to be equipped with more particularized knowledge of client cultures and attitudes through inservice training.

Within the agency's own characteristics, proximity of location seemed a uniquely desirable feature which connected positively to the already noted tendencies in client behavior to present acute situations for immediate solution. The agency "on the spot" was facilitated in its capacity to be more quickly responsive. (However, as mentioned previously,

this does not necessarily ensure that the most appropriate or applicable agency was used.) The agency's interest in obtaining more knowledge about cultural orientation, and the instances in which it was put to use, also created more positive interaction. The cognizance of clients as a transitional group, needing to be met on their own level, while helpful, usually required a combination of factors incorporated in open door policy, procedures enhancing client contact, and with the special introduction of program items appropriate to the group's current needs.

Operating negatively to reduce the client population's participation were evidences of identification with other community populations. These were seen in agency quotas for intercultural balance, and the even stronger bar of an agency's specific concern for "other" cultural or sectarian groups. The analysis of effects of sectarian auspices of similar religious persuasion as the subgroup was inconclusive in giving directional trends. Less pertinent to successful integration of client with agency, was knowledge of environmental stress since direct activity in such areas is often considered peripheral to major social work professional tasks.

The Integration of In-put and Out-put
(The Interactive Process)

The larger cultural context in which these more-or-less compatible articulations have been found, suggests a differential grounding for the two sub-systems. One might characterize the major cause for dysfunctional modes as a divergence between the values, orientations and expectations of the dominant American value system and the dissimilar mores and cultural expressions of persons coming from a "transitional" society.

Strains, developed for a newcomer group out of the inappropriate application or persistence of prior modes of adaptation, unfamiliarity and ignorance of new modes, affect the use of community facilities and appear

to be a major feature in the in-p~~ut~~ of behavioral and attitudinal features noted in the client group. Similarly, the orientation of the agency network reflects varying amounts of sensitivity to cultural difference. The incorporation of some implicit and explicit anticipations of client behavior affect methods and patterns in making provision for a client group.

Two general factors in the interactive process suggest themselves as significant to possible explanations of the degree of dysfunctional interchange. The first is lodged in the conflict between current social agency behavior and practice (reflecting continually more specialized, functionally differentiated, highly formalized institutional types, characteristic of complex urban culture) and the group's "transitional" status and characteristics. The second has to do with a somewhat opposite tendency, a form of social "lag," found both in client and agency -- the continuance of older adaptive patterns that may be less appropriate to meet current circumstances.

The first factor, indicating the degree to which social behavior and institutions are responsive to their social climate, is seen in the gearing of agency programs and services to the dominant modes of the culture. The growth within the social welfare field in the past thirty years of typical aspects of professionalism, namely specialization, hierarchical structure, formality of organization and bureaucratization in agency conduct, may be creative of strains and impediments for both client and professional worker. Impersonality characterizes the professional's performance of role. While achieving gains in efficiency, precision, and general continuity of service, the reduction of flexibility, and inability to adapt easily to emergent or urgent needs is a usual result. Emphasis is

often "on techniques and method, on organizational routines and records," on orientation to procedures.* [59, pps. 240-246]

Implications for effective integration are that any client has to become adapted to such agency procedures, and fit the agency's "helping categories" and the organizational pattern. The dysfunctional out-puts for a client group, such as the one studied, are perhaps more obvious than for more acculturated clients. While they may be generally appropriate to the use of professional services, clearly for this Puerto Rican group as a transitional people, their characteristic tendencies to personalization, their unfamiliarity with complex urban modes, and the effects of frequently disorganizing environmental pressures might conceivably require different forms of response.

The functional usefulness for the Puerto Rican client of less emphasis on certain bureaucratic modes is suggested when one examines the more successful agencies in this study. Those agencies that have greater adaptability to client behavior, that appear less preoccupied with the prerequisites of internal agency function, emerge as most responsive to the needs of this study population. In the subcategories of agencies most used within the individual and group services, those having greatest rapport and impact on the client group are those that aimed at either more immediate availability or more conscious particularizing of Puerto Rican client needs.

"Professionalism" in social work is often seen as an obstacle

* Parsons' discussion in The Social System on the medical profession, stresses the usual demands and attributes of most professional practice - "the combination of universalism, functional specificity and affective neutrality ..." [46, p. 459]

to sensitivity and appropriate evaluation of social problems and identification of individual difference. The attributes of technical competence, impersonality and objectivity, impartiality, as required for carrying out professional roles, might superficially be seen as barriers to the helping process for a group that present their problems in a personalized, immediate, and informal manner. As a matter of some interest, the opposite has also been stated. Many of the agency staff persons interviewed tended to see the client group's cultural differences as the impediment to the use of agency services (variations on the concept of "limited treatability"). Pointed to are differences in family patterns, superstitious beliefs, group self-segregation, absence of indigenous leadership, all as suggesting disinterest or incapacity for participation. The conflict between client notions as to what they need help with, and the agency's perception of its helping role is apparently a clear problem in engagement.

The second factor of "lag," defined as the continuance of older adaptive patterns less appropriate to current circumstances, may be seen in several aspects of interaction between client and agency. They are reflected in program provisions as well as in philosophical concepts of the nature of social welfare populations.

Outstanding examples are those agencies that consider themselves mandated by auspices or basis of support, to give priority to certain population groups. These agencies with "other" sectors to serve, who have developed methods appropriate to such groups, appear to have less impetus to examine their relationship to newcomer populations. Additionally, there are some social work notions about program provisions based on concepts of homogeneity of human need, intercultural balance, cultural pluralism, and interpretation of democratic participation. While ideologically attractive and seemingly sound, they may affect the ability to

respond especially to newcomers, if they assume the operation of similar and culturally nonspecific behavior among all client groups. Theoretically, this could lead to expectations that persons or groups in need of services would apply for help as needed to appropriate problem-solving resources. This does, however, seem to presume a rational, well-informed clientele, with uniformity in sense of need, similar degrees of recognition and motivation for help, rather than differentials in client perception of need or client capacity for involvement.*

From the data collected, less "sophisticated" or less appropriately institutionalized behavior is described for the client group studied by the various agencies that attest to comparative presumed "differences" in these applicants. In the individual service agencies, the crisis-oriented request has been mentioned. In group-serving agencies, the disinterest of Puerto Ricans in participation in group processes is suggested as affecting agency use.** A major implication, therefore, is that if there is genuine

* Although comparative data on other client groups is not available, this notion is probably also subject to question in regard to other users of agency services. Many social agencies express concern over the great number of referrals that do not eventuate, or premature termination and withdrawal by "resistant" clients. The phenomenon is not well understood and need for more precise data has been underscored.

** Glazer and Moynihan's recent book on cultural groups in New York City suggests differential response to community opportunity among earlier immigrant groups. [21, Ch. 3] Gans, in a recent article analyzing the changing role of the settlement house in its functions with newly emerging low income clients suggests a hypothesis. His comparison of current Negro, Puerto Rican and Appalachian poor whites with earlier neighborhood clientele largely drawn from European immigration, leads him to hypothesize that "the early success of the settlement was due to the predominance of Jewish clients, and the subsequent decline of the settlement's impact was associated with their departure from the slums." He goes on to indicate that the continued expectations of client behavior as similar to those of earlier groups has led to forms of approach and program offerings more germane to these prior users. This seems particularly cogent to the experience of this neighborhood studied - and its change from the largely Jewish and European constituency to Negro and Puerto Rican residents. [19, pps. 3-12]

interest in the involvement of this special client group, it would require some movement beyond the concepts that may have worked effectively for previously served applicants.

In addition to the obviously negative effects of loyalty to groups other than Puerto Rican, or the use of social work concepts largely derived from earlier generalizations, client and agency "lags" are also suggested in the actual activity and content of client-agency interactions. For example, more favored use of certain agencies is associated with an open-door policy, proximity in location, and immediate responsiveness to client requests. Many of these agency activities, however, tend to assume a brief directional or mediating role (referral to more applicable agency, or interpretation of the client's problem to another more appropriate helping resource), rather than a more active or continuing role aimed at the solution of the repetitive sources of such difficulties. The experience of the more frequently used agency in the individual service category indicates that major help given was "brief service." Client families using this very "available" casework-counseling agency, return again and again, but only as new crises arise. In group work services, the development of suitable program items often require repeated demonstration of acute need before they are made.

It can be recognized that such interventions can be of considerable help, especially when client conditions are acute and stressful. However, continuous agency responsiveness only to the client's definition of need, resulting in temporary amelioration of chronic and often deteriorating situations, seems to promote superficial and temporary remedies. Illustrations in the data show tendencies both in client and agency behavior that utilize traditional and characteristic adaptive mechanisms repeatedly.

These seem to result in the maintenance of the very features which contribute to the degree of social distance and impede the joint problem-solving efforts that would create more functional integration between the two sub-systems of client group and agency network.

Such "resistance to change" actually appears to have very dysfunctional consequences in the present relationships between client and agency. Essentially, both of the actors in the situation can be said to be concerned with improvements and enhancement in social functioning and the avoidance of stress. However, the maintenance of two unique and different perceptions of what is suitable and appropriate problem-solving activity, not only foments expediency as a major rationale and basis for contact, it also contributes an ever-widening hiatus between client and agency instead of reciprocal reenforcement of what are essentially similar aims.

Implications

Certain implications that emerge out of the findings will be elaborated here as they assume significance for interaction processes between the sub-systems studied. One of the more striking is that in many of the approaches characteristic of the way in which agency services are offered to the distinctly identifiable client group, agencies have not taken sufficiently into account the particular client features that seem to affect functional and dysfunctional modes of relationship.

Explanation of the general state of affairs between the sub-systems appears to be less in any conscious or willful attempts to disregard problems, but rather in the tendencies of various institutional forms to perpetuate beyond appropriate usefulness and applicability, prior modes of accommodation. This seems to apply to both sub-systems that have

been studied, client group and agency network. Consideration of changes in both that might be required, if goals and aims of more positive integration are assumed as desirable, are presented below.

Changes in Client Group Functioning

Changes in client group functioning (the client sub-system and its in-put), which will affect the use and response to social agencies, can be anticipated from a variety of sources. Crucial to changes in the nature of the client group and their attitudinal perceptions of problems are the same factors which have been described earlier; namely, family patterns, economic and environmental influences. (See Chapter IV.) "The rate and achievement of social mobility which represents movement into the life styles and values of the dominant culture, are affected by the size of the population and rate of migration, as well as by changes in economic opportunity and the growth of indigenous leadership." *

Some evidence exists for anticipation of acceleration in upward mobility rates. Current estimates of reduced migration from Puerto Rico since 1962 (in comparison with steadily rising rates of the 1950s), [9] if sustained, may contribute to stabilization and individual progress of the families in the present New York City Puerto Rican population;

* New York Times article, 3/21/65, indicates that influx of migrants in the 1950s has "heavily minimized the real but slow gains of the earlier Puerto Rican migrants." It cites increases in occupational status (male blue collar from 37.3 percent in 1950 to 44.1 percent in 1960, increase in Puerto Rican male white collar, clerical, sales, etc., from 10 to 12.3 percent in the same time period - a 23 percent rise) according to a recent study connected by the Puerto Rican Forum. Growth in representation in professional categories, doctors, lawyers and teachers, is reported in the same article which reviews the findings of a recent doctoral study by Goodman L. Klang for New York University, which stresses the evidence of "upward mobility" in Puerto Rican groups resident in New York.

increases in mainland births and steady exposure of these children to this urban environment and public educational systems should broaden capacity and economic opportunity for many. The direct relationship between external conditions and the problems clients present to social agencies suggests a continuum of identifiable areas for problem solving.

If migration rates remain fairly high, then it can be anticipated that there will be a group of newcomer applicants quite like the subgroup studied, who will present a similar range of difficulties. Economic handicaps such as insufficient income related to low level work skills, large family size, language deficits; other environmental pressures from poor housing, associated health and family needs; difficulties in family life arising from deviance or conflict with prevailing social expectations; the presence of a considerable number of "multiproblem" families unable to make progress because of the combined effects of social pressures and less adequate individual coping mechanisms; these are to be anticipated as continuing presenting problems to agencies that will make up the bulk of client requests.

If reduction in the number of newcomers occurs in sufficient magnitude, problems that would be more characteristic of transitional stages for the next generation are suggested. Family problems showing "culture conflict" or those of an interpersonal nature might then become more evident. Conflicts in child-rearing values, changes in discipline and parental control, the absence of supports from extended family, would be more apt to be seen in parent-child problems, increases in marital conflict, child rebellion as seen in school dropout and increases in delinquent behavior, needs for child placement and formal substitute care.

[21, pps. 122-129] It is difficult to predict with much specificity beyond

this stage, since such transitional phases are often characteristic of more than a single generational era, and the kind of change that will occur in the prevailing culture's modes of family life are also not easy to foresee.

The general assumption that underlies this description of a continuum and wider range of presenting problems is related not only to the facts of change in social and economic status, but also to the expectation that attitudinal factors, noted as dysfunctional to current interchanges, will also shift. The presumption might be made that with reduction in the disorganizing effects of multiple environmental and personal pressures seen in the basic life experience of newcomers; increases in acculturation as the result of longer observation and participation in the host culture; that client tendencies to respond to individual services with a crisis orientation and to group services in apathetic, temporary or haphazard fashion might give way.* Lessening of continued stressful experience might well provide for more time, energy and thought given to other aspects of problem-solving. This could result in greater sensitivity and awareness of interpersonal interactions and responsibilities as well as in greater recognition and acceptance of the need for the types of help

* As a possibly related example, there is the association frequently noted between rise in family income and reduction in number of children. While not completely explained, it is presumed to have some relationship to upward mobility and to be connected to attitudes and behavior that have been influenced by such status changes. Glazer and Moynihan report similar data, "... there have been a number of studies of adjusted Puerto Rican families, families that are not on relief, that are not broken, that do not have any severe problems. It is interesting to note how many of these families have only one or two children."
[21, pps. 117-118]

that are more congruent with the present structure and content of social agency notions of professional effort.

Support for such expectation of change in the coming status and social role of Puerto Ricans is suggested in the current, more visible, efforts to develop indigenous organization and leadership by the Puerto Rican professional community and the financial contributions of governmental agencies.* The growing number of professional personnel of Puerto Rican origin may also enhance more positive functioning within client and agency sub-systems, through interpretation to both, which may mediate some of the presently divergent concepts and values.

Changes in Agency Structure, Activity and Functions

Changes in agency structure, activity and functions would also be needed if the desirability of creating more effective and harmonious interchange is accepted. The possibilities of change in client in-put have been discussed above; the differentials in conditions underlying client problem and attitude, as they might lead to more congruent modes of interaction. What appears to be significant to the agency sub-system is consideration not only of their responses to social problems, but the organizational characteristics that affect "the supply and definition of appropriate services." [59, pps. 231-282]

Agency policy decisions cover a wide range of agency behavior including purpose, process, clientele, sponsorship and location. Sources for these decisions in voluntary agencies are usually in the boards of

* New York Times article of 3/21/65, as cited on page 209 of this Chapter, reports on special projects to be financed by city and federal community action funds and to be administered by organizations specifically Puerto Rican in origin and interest. (Aspira, a leadership development program; the Puerto Rican Family Institute working with newly arrived migrant families; and the Puerto Rican Forum which develops community and neighborhood facilities.)

directors, informed by administrative personnel, and reflect experience and knowledge derived from specific agency operations and general professional orientation. It would appear that a major beginning for more adequate meshing of agency service with client need, would require conscious decisions regarding agency responsibility and commitment to this particular client group. Certain agencies may justifiably feel that their efforts should be directed elsewhere, because of particular sponsorship, interest, or purpose. However, for those who are desirous of structuring their efforts to be appropriate and relevant to the Puerto Rican group, the policy considerations might well be related to two areas. These have to do with the extent of necessary application of the service dimension and the associated knowledge components.

Rational planning about the degree to which an agency's program can more effectively meet the needs of such a client group would seem to involve knowledge of facts about the frequency and severity of particular client problems in a given neighborhood. With the idea of setting up priorities for service as a prerequisite, additional steps can then be taken to determine the character of the problems presented, the associated attitudes toward current forms of help, which can then lead to experimentation with present and new methods for intervention that may achieve differentiated outcomes or goals.* For both group and individual categories of service, there would appear to be similar requirements.

* Such criteria for agency behavior are generally assumed to be part of usual professional functioning and responsibility. However, the recognition of the "lag" and difficulties such social institutions experience in making adaptations to changing situations; the oft-noted fact that radical change occurs only when survival issues are posed; motivates the previous comment.

An approach which appears to have considerable relevance is discussed in a recent article dealing with some aspects of the problem as they affect the changing role of the settlement house in changing neighborhoods. The author suggests three levels of intervention:

"... intensive help to people aspiring to middle class ways; ... less intensive services to a larger proportion of its neighborhood population, especially that not offered by other agencies; ... and to offer whatever other aid it can as a neighborhood institution that is at least physically close to its population." He further indicates that research on "processes of mobility and past experience in aiding clients" would be required, along with "reappraisal of traditional approaches" to policies on the local and national (usually governmental) levels that are aimed at problems of poverty, discrimination, and restricted opportunity. [19, p. 11]

Similar application of differentiated helping processes is appropriate to individual services. Distinguishing the nature of client problems, such as temporary ones of orientation and assistance in meeting a new environment from those of the "multiproblem" groups needing more intensive "reaching out" efforts is an example. (Data in the present study on comparative usefulness of the various agencies suggest that the more precise identification of some of these differences in problem status and attitudes was of some moment.) Some of the advantages of such proposed procedures are fairly evident. Contribution to knowledge of treatment modalities, analysis of community problems, deployment of professional staff (always in short supply), better interrelationships among the community's helping institutions, are some of the hoped for consequences of conscious identification and study of the issues. The goals of a helping profession, its service ideals, its attempts to smooth and reduce the

tensions of what is an increasingly complex, impersonal, functionally specialized social system, requires that it use rational self-examination and regulation against tendencies to institutionalize its operations into inflexible and inappropriate modes.

Applied to the problem that has been studied, the strains between the sub-systems of a client population in need of help and the need-serving agencies, the suggestions made may influence and enhance more favorable outcomes. If a majority of the client population, with whom the agencies have to deal, are a people temporarily in transition, then contribution to greater comfort and more successful adjustment will achieve positive functional consequences related to the basic purposes of such social institutions. If other parts of the client group, more prone and vulnerable to continuing difficulties, showing greater discomfort and deviance from social norms, can be more positively affected by the agency's recognition and use of differentiated levels of intervention, dysfunctional consequences can perhaps be more frequently avoided. If cultural differences affecting problem-solving behavior within the client and agency sub-systems, creating disharmony and nonfacilitating stereotypes, can be otherwise perceived, the gains and accomplishments might well have considerable, and helpful, impact upon the processes by which neighborhoods, communities, and the larger social order strive to perpetuate systems of constructive social relations.

BIBLIOGRAPHY

1. Annals of the American Academy of Political and Social Science: Puerto Rico: A Study in Democratic Development. Philadelphia: The Academy, Vol. 285. (January 1953)
2. Berle, Beatrice Bishop: 80 Puerto Rican Families in New York City. New York: Columbia University Press. 1958
3. Bernstein, Blanche, and Sauber, Mignon: Deterrants to Early Prenatal Care and Social Services. New York: Community Council of Greater New York. Published by New York State Department of Social Welfare. 1960
4. Black, Max: "Some Questions about Parsons' Theories," in The Social Theories of Talcott Parsons, Max Black, editor. Englewood Cliffs, N.J.: Prentice Hall, Inc. 1961
5. Bloch, Donald, et al: A Study of 1000 Children Referred for Residential Treatment in New York State. Albany: New York State Inter-departmental Health Resources Board. 1959
6. Brunzman, Howard G.: The Estimation of Population Changes for New York City. A report to the Committee. New York: Welfare and Health Council of New York City. 1955
7. Buell, Bradley, and Associates: Community Planning for Human Services. New York: Columbia University Press. 1952
8. Carter, Genevieve W.: "Measurement of Need," Chapter XI of Social Work Research, Norman A. Polansky, editor. Chicago: University of Chicago Press. 1960
9. Commonwealth of Puerto Rico: A Summary of Facts and Figures. New York: Migration Division, Department of Labor of the Commonwealth of Puerto Rico. May 1963
10. Community Council of Greater New York: Directory of Social and Health Agencies of New York, 1960-61. New York: Columbia University Press. 1960
11. Council on Social Work Education: The Public Health Concepts in Social Work Education. Proceedings of a seminar held at Princeton University. Document #62-35-1. New York: The Council. 1962
12. Descartes, S.L.: "The Economic and Social Situation of Puerto Rico, 1963," Paper presented October 11, 1963 to Seminar on Puerto Rico Today, Social Pioneering and Developments. Sponsored by Migration Division of Department of Labor of Puerto Rico. (New York Hilton Hotel.)

13. Devereaux, Edward C., Jr.: "Parsons' Sociological Theory," in The Social Theories of Talcott Parsons, Max Black, editor. Englewood Cliffs, N.J.: Prentice Hall, Inc. 1961
14. Dodson, Dan W.: "Intergroup Relations as a Challenge to Social Action," Journal of Educational Sociology, 34 (October 1960), pps 50-57.
15. Dodson, Dan W.: Interpreting the Inner City: Four Essays. Human Relations Monograph #12. New York: New York University, The Center for Human Relations and Community Studies. 1961
16. Duhl, Leonard, (editor): The Urban Condition. New York: Basic Books, Inc. 1963
17. Dworkis, Martin, (editor): The Impact of Puerto Rican Migration on Governmental Services in New York City. New York: New York University Press. 1957
18. Galbraith, Kenneth: The Affluent Society. Boston: Houghton Mifflin Company. 1958
19. Gans, Herbert J.: "The Changing Role of the Settlement House," Social Work, 9 (October 1964)
20. Gans, Herbert J.: The Urban Villagers: Group and Class in the Life of Italian Americans. Glencoe, Ill: Free Press. 1962
21. Glazer, Nathan, and Moynihan, Daniel Patrick: Beyond the Melting Pot: The Negroes, Puerto Ricans, Jews, Italians and Irish of New York City. Cambridge: Massachusetts Institute of Technology Press. 1963
22. Handlin, Oscar: The Newcomers. Cambridge: Harvard University Press. 1959
23. Handlin, Oscar: The Uprooted. Boston: Little Brown and Company. 1952
24. Hanson, Earl: Transformation: The Study of Modern Puerto Rico. New York. Simon and Schuster. 1955
25. Harrington, Michael: The Other America: Poverty in the United States. New York: The Macmillan Company. 1963
26. Harlem Youth Opportunities Unlimited, Inc.: Youth in the Ghetto: A Study of the Consequences of Powerlessness and a Blueprint for Change. New York: HARYOU. 1964
27. Hatt, Paul K.: Backgrounds of Human Fertility in Puerto Rico: A Sociological Survey. Princeton: Princeton University Press. 1952

28. Hill, Reubin: "Generic Features of Families Under Stress," Social Casework. 39 (February and March 1958), pps. 139-150
29. Hoffman, Isaac L.: The Concept of Need in Social Work. St. Paul: Amherst Wilder Foundation, Department of Research and Statistics. (mimeographed) 1951
30. Hollingshead, August deBelmont, and Redlich, Frederick C.: Social Class and Mental Illness: A Community Study. New York: John Wiley & Sons. 1958
31. Jaffe, A.J., (editor): Puerto Rican Population in New York City: A Series of Papers. New York: Bureau of Applied Social Research, Columbia University. 1954
32. Jahoda, M., Deutsch, M., and Cook, S.: Research Methods in Social Relations. New York: Dryden Press. 1951
33. Kallen, Horace Meyer: Culture and Democracy in the United States: Studies in the Group Psychology of the American People. New York: Boni and Liveright. 1924
34. Levine, Rachel A.: "Treatment in the Home," Social Work. 9 (January 1964), pps. 19-28
35. Levine, Rachel A.: "A Short Short Story on the Long Waiting List," Social Work. 8 (January 1963), pps. 20-22
36. Lewis, Oscar: The Children of Sanchez. New York: Random House, Inc. 1961
37. McWilliams, Carey: Ill Fares the Land. Boston: Little Brown and Company. 1942
38. Mead, Margaret, (editor): Cultural Patterns and Technical Change. World Federation for Mental Health, Paris. UNESCO. (paper back) New York: Mentor Books. 1955
39. Mills, C. Wright, et. al: Puerto Rican Journey: New York's Newest Migrants. New York: Harper & Brothers. 1950
40. Myrdal, Gunnar: Challenge to Affluence. New York: Pantheon Books. 1962
41. New York City Youth Board: How They Were Reached. New York: The Youth Board. Monograph No. 2. 1954
42. Ohlin, Lloyd E., Cloward, Richard A.: Delinquency and Opportunity: A Theory of Delinquent Gangs. Glencoe, Ill.: Free Press. 1960
43. Opler, Marvin K.: "Dilemmas of Two Puerto Rican Men," in Psychotherapy and Culture Conflict, Georgene H. Seward, editor. Chapter 10. New York: Ronald Press. 1956

44. Padilla, Elena: Up from Puerto Rico. New York: Columbia University Press. 1958
45. Parsons, Talcott: "The Point of View of the Author," in The Social Theories of Talcott Parsons, Max Black, editor. Englewood Cliffs, N.J.: Prentice Hall, Inc. 1961
46. Parsons, Talcott: The Social System. Glencoe, Ill.: Free Press. 1951
47. Parsons, Talcott: Essays in Sociological Theory. Glencoe, Ill.: Free Press. Revised edition. 1954
48. Polansky, Norman A.: Social Work Research. Chicago: University of Chicago Press. 1960
49. Robison, Sophia M.: Can Delinquency be Measured? New York: Columbia University Press. 1936
50. Rossi, Peter: Why Families Move. Glencoe, Ill.: Free Press. 1955
51. Senior, Clarence: Strangers Then Neighbors. New York: Freedom Books (Anti-Defamation League of B'Nai Brith). 1961
52. Shaw, Clifford R.: Delinquency Areas. Chicago; University of Chicago Press. 1929
53. Silberman, Charles E.: Crisis in Black and White. New York: Random House. 1964
54. Steward, Julian: People of Puerto Rico: A Study in Social Anthropology. Urbana: University of Illinois Press. 1956
55. Stycos, J. Mayone: Family and Fertility in Puerto Rico. New York: Columbia University Press. 1955
56. Wakefield, Dan: Island in the City. New York: The Citadel Press. 1960
57. Whyte, William Foote: Street Corner Society: The Social Structure of an Italian Slum. Chicago: University of Chicago Press. Second edition. 1955
58. Whyte, William H.: The Organization Man. New York: Simon and Schuster. 1956
59. Wilensky, Harold and Lebeaux, Charles N.: Industrial Society and Social Welfare. New York: Russell Sage Foundation. 1958
60. Znaniecki, Florian and Thomas, William I.: The Polish Peasant in Europe and America. New York: Alfred A. Knopf. 1927
61. Zorbaugh, Harvey W.: The Gold Coast and the Slum. Chicago: University of Chicago Press. 1929

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APPENDIX TABLE I

AGE OF HEAD OF FAMILY BY PROBLEM GROUPS
PUERTO RICAN CLIENTS, 1961

Problem groups	Age of head of family									
	Total	Known	<20	21-24	25-34	35-44	45-54	55-64	65 +	Un-known
Total.	340	310	2	30	100	92	56	19	11	30
Extreme.	59	54	-	3	16	15	16	2	2	5
Severe	64	61	2	8	14	21	5	7	4	3
Moderate	100	92	-	10	26	29	16	7	4	8
Potential.	54	51	-	5	25	13	8	-	-	3
No problem	63	52	-	4	19	14	11	3	1	11
Percentage by age of head										
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Extreme.	17.4	17.4	-	10.0	16.0	16.3	28.6	10.5	18.1	16.7
Severe	18.8	19.7	100.0	26.7	14.0	22.8	8.9	36.8	36.4	10.0
Moderate	29.4	29.6	-	33.3	26.0	31.6	28.6	36.8	36.4	26.7
Potential.	15.9	16.5	-	16.7	25.0	14.1	14.3	-	-	10.0
No problem	18.5	16.8	-	13.3	19.0	15.2	19.6	15.9	9.1	36.6
Percentage of known by problem groups										
Total.	x	100.0	0.6	9.7	32.3	29.7	18.1	6.1	3.5	x
Extreme.	x	100.0	-	5.6	29.6	27.8	29.6	3.7	3.7	x
Severe	x	100.0	3.3	13.1	23.0	34.3	8.2	11.5	6.6	x
Moderate	x	100.0	-	10.9	28.3	31.5	17.4	7.6	4.3	x
Potential.	x	100.0	-	9.8	49.0	25.5	15.7	-	-	x
No problem	x	100.0	-	7.7	36.5	26.9	21.2	5.8	1.9	x

APPENDIX TABLE II

NUMBER IN HOUSEHOLDS BY PROBLEM GROUPS
PUERTO RICAN CLIENTS, 1961

Problem groups	Number in household										
	Total	1	2	3	4	5	6	7	8	9	10+
Total	340	12	26	52	64	73	34	32	14	15	18
Extreme . . .	59	1	5	11	7	12	2	10	4	3	4
Severe . . .	64	4	11	11	9	7	10	3	3	4	2
Moderate . .	100	5	9	19	20	19	8	10	4	3	3
Potential . .	54	-	1	3	11	17	6	3	3	5	5
No problem .	63	2	-	8	17	18	8	6	-	-	4
Percentage by number in household											
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Extreme . . .	17.4	8.3	19.2	21.2	10.7	16.4	5.9	31.3	28.6	20.0	22.2
Severe . . .	18.8	33.3	42.3	21.2	14.1	9.6	29.5	9.3	21.4	26.7	11.1
Moderate . .	29.4	41.7	34.7	36.4	31.4	26.0	23.5	31.3	28.6	20.0	16.7
Potential . .	15.9	-	3.8	5.8	17.2	23.3	17.6	9.3	21.4	33.3	27.8
No problem .	18.5	16.7	-	15.4	26.6	24.7	23.5	18.8	-	-	22.2
Percentage by problem groups											
Total	100.0	3.5	7.6	15.3	18.8	21.5	10.0	9.4	4.1	4.4	5.4
Extreme . . .	100.0	1.7	8.5	18.6	11.9	20.3	3.4	16.9	6.8	5.1	6.8
Severe . . .	100.0	6.3	17.2	17.2	14.1	10.9	15.6	4.7	4.7	6.3	3.0
Moderate . .	100.0	5.0	9.0	19.0	20.0	19.0	8.0	8.0	4.0	5.0	3.0
Potential . .	100.0	-	1.8	5.6	20.3	31.5	11.1	5.6	5.6	9.3	9.2
No problem .	100.0	3.2	-	12.7	27.0	28.5	12.7	9.5	-	-	6.4

APPENDIX TABLE III

MARITAL STATUS BY PROBLEM GROUPS
PUERTO RICAN CLIENTS, 1961

Problem groups	Marital status					
	Total	Married	Separated Deserted	Divorced	Widowed	Single
Total	340	226	65	11	25	13
Extreme	59	21	25	8	3	2
Severe	64	30	21	1	7	5
Moderate	100	66	19	2	8	5
Potential	54	51	-	-	3	-
No problem	63	58	-	-	4	1
Percentage by marital status						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Extreme	17.4	9.3	38.5	72.7	12.0	15.4
Severe	18.8	13.3	32.3	9.1	28.0	38.5
Moderate	29.4	29.2	29.2	18.2	32.0	38.5
Potential	15.9	22.6	-	-	12.0	-
No problem	18.5	25.6	-	-	16.0	7.6
Percentage by problem groups						
Total	100.0	66.5	19.1	3.2	7.4	3.8
Extreme	100.0	35.6	42.4	13.6	5.0	3.4
Severe	100.0	46.9	32.8	1.6	10.9	7.8
Moderate	100.0	66.0	19.0	2.0	8.0	5.0
Potential	100.0	94.4	-	-	5.6	-
No problem	100.0	92.1	-	-	6.3	1.6

APPENDIX TABLE IV

SOURCE OF INCOME BY PROBLEM GROUPS
PUERTO RICAN CLIENTS, 1961

Problem groups	Source of income							
	Total	Known	Employment	Dept. Welfare		Soc. Sec. of pension	Relatives or other	Unknown
				Total	Partial			
Total*	340	297	189	70	51	12	44	43
Extreme.	59	59	22	26	24	3	11	-
Severe	64	62	25	25	17	4	12	2
Moderate	100	88	58	19	10	3	17	12
Potential.	54	51	47	-	-	2	4	3
No problem	63	37	37	-	-	-	-	26
Percentage by source of income								
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Extreme.	17.4	19.9	11.6	37.1	47.1	25.0	25.0	-
Severe	18.8	20.9	13.2	35.7	33.3	33.3	27.3	4.7
Moderate	29.4	29.5	30.7	27.2	19.6	25.0	38.6	27.9
Potential.	15.9	17.2	24.9	-	-	16.7	9.1	7.0
No problem	18.5	12.5	19.6	-	-	-	-	60.4
Percentage of known by problem groups								
Total.	x	100.0	63.6	23.6	17.2	4.0	14.8	x
Extreme.	x	100.0	37.3	44.1	40.7	5.1	18.6	x
Severe	x	100.0	40.3	40.3	27.4	6.5	19.4	x
Moderate	x	100.0	65.9	21.6	11.4	3.4	19.3	x
Potential.	x	100.0	92.2	-	-	3.9	7.8	x
No problem	x	100.0	100.0	-	-	-	-	x

* Families may have had more than one source of income

APPENDIX TABLE V

LENGTH OF RESIDENCE IN NEW YORK CITY BY PROBLEM GROUP
PUERTO RICAN CLIENTS, 1961

Problem groups	Length of residence in New York City (years)								
	Total	Known	< 2	2-4	5-9	10-14	15 +	Life	Un-known
Total	340	255	8	17	73	95	50	12	85
Extreme	59	46	1	1	11	16	14	3	13
Severe	64	50	1	4	10	17	15	3	14
Moderate	100	72	4	6	24	27	9	2	28
Potential	54	41	1	2	11	17	7	3	13
No problem	63	46	1	4	17	18	5	1	17
Percentage by length of residence									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Extreme	17.4	18.0	12.5	5.9	15.1	16.8	28.0	25.0	15.3
Severe	18.8	19.6	12.5	23.5	13.7	17.9	30.0	25.0	16.5
Moderate	29.4	28.2	50.0	35.3	32.8	28.5	18.0	16.7	32.9
Potential	15.9	16.1	12.5	11.8	15.1	17.9	14.0	25.0	15.3
No problem	18.5	18.1	12.5	23.5	23.3	18.9	10.0	8.3	20.0
Percentage of known, by problem groups									
Total	x	100.0	3.1	6.7	28.6	37.3	19.6	4.7	x
Extreme	x	100.0	2.2	2.2	23.9	34.8	30.4	6.5	x
Severe	x	100.0	2.0	8.0	20.0	34.0	30.0	6.0	x
Moderate	x	100.0	5.6	8.3	33.3	37.5	12.5	2.8	x
Potential	x	100.0	2.4	4.9	26.8	41.5	17.1	7.3	x
No problem	x	100.0	2.2	8.7	37.0	39.0	10.9	2.2	x

APPENDIX TABLE VI

NUMBER OF AGENCIES BY PROBLEM GROUPS
PUERTO RICAN CLIENTS, 1961

Problem group	Number of agencies				
	Total	One	Two	Three	Four
Total	340	223	79	32	6
Extreme	59	28	16	12	3
Severe	64	39	16	7	2
Moderate	100	76	19	5	-
Potential	54	34	13	6	1
No problem	63	46	15	2	-
Percentage by number of agencies					
Total	100.0	100.0	100.0	100.0	100.0
Extreme	17.4	12.6	20.2	37.4	50.0
Severe	18.8	17.5	20.2	21.9	33.3
Moderate	29.4	34.1	24.1	15.6	-
Potential	15.9	15.2	16.5	18.8	16.7
No problem	18.5	20.6	19.0	6.3	-
Percentage by problem groups					
Total	100.0	65.6	23.2	9.4	1.8
Extreme	100.0	47.5	27.1	20.3	5.1
Severe	100.0	60.9	25.0	10.9	3.2
Moderate	100.0	76.0	19.0	5.0	-
Potential	100.0	63.0	24.1	11.1	1.8
No problem	100.0	73.0	23.8	3.2	-

APPENDIX TABLE VII

TYPES OF AGENCIES BY PROBLEM GROUPS
PUERTO RICAN CLIENTS, 1961

Problem groups	Types of agencies			
	Total	Individual services only	Group services only	Individual and group services
Total	340	159	95	86
Extreme	59	28	8	23
Severe	64	36	10	18
Moderate	100	54	27	19
Potential	54	18	22	14
No problem	63	23	28	12
Percentage by type of agency				
Total	100.0	100.0	100.0	100.0
Extreme	17.4	17.6	8.4	26.7
Severe	18.6	22.6	10.5	20.9
Moderate	29.4	34.0	28.4	22.1
Potential	15.9	11.3	23.2	16.3
No problem	18.5	14.5	29.5	14.0
Percentage by problem groups				
Total	100.0	46.8	27.9	25.3
Extreme	100.0	47.4	13.6	39.0
Severe	100.0	56.3	15.6	28.1
Moderate	100.0	54.0	27.0	19.0
Potential	100.0	33.3	40.7	26.0
No problem	100.0	36.5	44.5	19.0

APPENDIX TABLE VIII

NUMBER AND TYPE OF AGENCIES SERVING
PUERTO RICAN CLIENTS, 1961

Agency	Number of agencies				
	Total	One	Two	Three	Four
Total	340	223	79	32	6
Individual services, total	245	144	63	32	6
Casework-counseling	154	77	44	27	6
A	17	5	7	4	1
B	56	36	15	2	3
C	95	36	28	26	5
Mental health clinics	32	10	10	10	2
D	3	1	2	-	-
E	4	1	-	3	-
F	26	8	8	8	2
Hospitals	84	57	17	7	3
G	62	41	14	6	1
H	21	14	4	1	2
J	2	2	-	-	-
Group services, total	181	79	65	31	6
Group work	139	41	61	31	6
K	44	32	10	1	1
L	85	1	49	30	5
M	8	8	-	-	-
N	15	-	6	8	1
Day care	64	38	16	6	4
O	44	21	14	6	3
P	19	17	2	-	-
R	1	-	-	-	1

APPENDIX TABLE IX

AGE OF HEAD OF FAMILY BY AGENCY
PUERTO RICAN CLIENTS, 1961

Agency	Age of head of family									Female head only
	Total	≤20	21-24	25-34	35-44	45-54	55-64	65+	Un-known	
Total	340	2	30	100	92	56	19	11	30	113
Individual service total	245	2	27	60	63	48	17	11	17	85
Casework-counseling	154	1	13	38	34	36	15	4	13	58
A	17	-	1	7	2	1	2	-	4	6
B	56	1	11	12	12	14	1	2	3	26
C	95	-	3	24	23	24	13	2	6	33
Mental health clinics	32	-	-	14	13	1	-	1	3	9
D	3	-	-	2	-	-	-	1	-	2
E	4	-	-	2	1	-	-	-	1	1
F	26	-	-	10	13	1	-	-	2	6
Hospitals	84	1	15	15	22	16	4	7	4	26
G	62	1	14	10	18	12	1	4	2	20
H	21	-	1	5	2	5	3	3	2	6
J	2	-	-	-	2	-	-	-	-	-
Group services, total	181	-	4	71	52	26	8	3	17	52
Group work	139	-	3	41	42	25	8	3	17	38
K	44	-	-	9	16	8	1	1	9	11
L	85	-	2	30	22	17	5	2	7	24
M	8	-	-	-	5	-	1	-	2	3
N	15	-	1	5	3	3	1	-	2	4
Day care	64	-	4	41	14	5	-	-	-	23
O	44	-	2	31	8	3	-	-	-	17
P	19	-	1	10	6	2	-	-	-	6
R	1	-	1	-	-	-	-	-	-	-

APPENDIX TABLE X

NUMBER IN HOUSEHOLD BY AGENCY
PUERTO RICAN CLIENTS, 1961

Agency	Number in household										
	Total	1	2	3	4	5	6	7	8	9	10+
Total	340	12	26	52	64	73	34	32	14	15	18
Individual services, total. .	245	12	20	37	38	46	24	29	14	13	12
Casework-counseling	154	6	12	25	25	26	17	19	8	9	6
A	17	-	1	3	4	3	1	2	3	-	-
B	56	3	9	10	10	6	8	5	1	2	2
C	95	3	4	15	13	19	10	14	5	8	4
Mental health clinics.	32	-	1	2	5	9	3	4	4	2	2
D	3	-	1	2	-	-	-	-	-	-	-
E	4	-	-	-	-	2	-	1	-	-	1
F	26	-	-	-	5	7	3	3	4	2	1
Hospitals.	84	6	9	12	10	16	5	9	4	6	7
G	62	3	6	11	5	12	5	9	4	4	3
H	21	3	3	1	4	4	-	-	-	2	4
I	2	-	-	-	1	-	-	-	-	-	1
Group services, total.	181	-	9	21	38	50	17	21	5	8	12
Group work	139	-	4	13	27	40	12	19	5	8	11
K	44	-	-	4	11	15	3	3	-	1	7
L	85	-	4	5	14	21	9	15	5	7	5
M	8	-	-	3	2	2	1	-	-	-	-
N	15	-	-	1	1	6	1	3	-	2	1
Day care	64	-	7	11	15	16	7	4	1	2	1
O	44	-	6	7	10	11	4	4	1	1	-
P	19	-	1	4	5	4	3	-	-	1	1
R	1	-	-	-	1	-	-	-	-	-	-

APPENDIX TABLE XI

MARITAL STATUS BY AGENCY
PUERTO RICAN CLIENTS, 1961

Agency	Marital status					
	Total	Married	Separated deserted	Divorced	Widowed	Single
Total.	340	226	65	11	25	13
Individual services, total.	245	160	43	9	23	10
Casework-counseling	154	100	33	4	14	3
A	17	12	3	1	1	-
B	56	32	14	3	5	2
C	95	62	20	1	11	1
Mental health clinics.	32	23	5	2	2	-
D	3	1	-	2	-	-
E	4	3	1	-	-	-
F	25	19	4	-	2	-
Hospitals.	84	57	10	4	6	7
G	62	44	8	3	3	4
H	21	12	2	1	3	3
J	2	2	-	-	-	-
Group services, total.	181	128	38	7	4	4
Group work	139	101	28	5	4	1
K	44	32	9	1	1	1
L	85	61	18	3	2	1
M	8	5	2	-	1	-
N	15	11	2	1	1	-
Day care	64	40	16	4	1	3
O	44	27	11	4	-	2
P	19	12	5	-	1	1
R	1	1	-	-	-	-

APPENDIX TABLE XII

SOURCE OF INCOME BY AGENCY
PUERTO RICAN CLIENTS, 1961

Agency	Source of income						
	Total	Employment	Dept. Welfare		Soc. Sec or pension	Relatives/ other	Un-known
			Total	Partial			
Total*	340	189	70	51	12	44	43
Individual services, total. .	245	112	67	42	10	28	34
Casework-counseling	154	60	41	28	4	20	31
A	17	7	7	2	-	-	3
B	56	21	18	11	3	13	3
C	95	38	22	17	1	7	27
Mental health clinics.	32	23	5	10	2	3	1
D	3	2	1	1	-	1	-
E	4	2	1	1	1	-	1
F	26	20	3	9	2	2	-
Hospitals.	84	44	26	13	6	9	2
G	62	23	17	10	5	7	2
H	21	10	9	4	1	2	-
J	2	2	-	-	-	-	-
Group services, total.	181	129	14	34	5	27	19
Group work	139	89	14	31	3	21	19
K	44	29	4	10	-	5	7
L	85	52	10	21	3	14	10
M	8	7	-	-	-	-	1
N	15	8	1	1	1	2	1
Day care.	64	57	-	11	2	17	-
O	44	40	-	8	-	15	-
P	19	16	-	3	2	2	-
R	1	1	-	-	-	-	-

* Families may have had more than one source of income

APPENDIX TABLE XIII

LENGTH OF RESIDENCE IN NEW YORK CITY BY AGENCY
PUERTO RICAN CLIENTS, 1961

Agency	Length of residence in New York City (years)							
	Total	< 2	2-4	5-9	10-14	15 +	Life	Un- known
Total.	340	8	17	73	95	50	12	85
Individual services, total.	245	8	11	53	72	39	5	57
Casework-counseling . . .	154	4	2	32	46	26	4	40
A	17	-	-	1	3	1	1	11
B	56	4	-	8	14	5	3	22
C	95	-	2	24	33	23	-	13
Mental health clinics.	32	-	-	12	10	3	2	5
D	3	-	-	2	1	-	-	-
E	4	-	-	3	-	-	-	1
F	26	-	-	8	9	3	2	4
Hospitals.	84	5	9	18	19	20	-	13
G	62	5	7	15	11	16	-	8
H	21	1	2	3	7	4	-	4
J	2	-	-	-	1	-	-	1
Group services, total.	181	-	7	39	52	31	9	43
Group work	139	-	4	22	40	28	3	42
K	44	-	1	2	8	9	1	23
L	85	-	2	15	29	18	2	19
M	8	-	1	2	2	1	-	2
N	15	-	-	5	4	3	-	3
Day care	64	-	4	22	20	11	6	1
O	44	-	3	17	11	9	3	1
P	19	-	1	4	9	2	3	-
R	1	-	-	1	-	-	-	-

APPENDIX TABLE XIV
 PROBLEM GROUPS BY AGENCY
 PUERTO RICAN CLIENTS, 1961

Agency	Problem groups					
	Total	Extreme	Severe	Moderate	Potential	None
Total	340	59	64	100	54	63
Individual services, total.	245	51	54	73	32	35
Casework-counseling . . .	154	26	29	47	25	27
A	17	6	3	4	3	1
B	56	7	14	20	12	3
C	95	19	15	24	12	25
Mental health clinics.	32	14	9	6	3	-
D	3	3	-	-	-	-
E	4	2	-	2	-	-
F	26	10	9	4	3	-
Hospitals	84	24	23	23	6	8
G	62	17	19	14	4	8
H	21	8	4	8	1	-
J	2	-	-	1	1	-
Group services, total.	181	31	28	46	36	40
Group work	139	27	24	32	21	35
K	44	9	5	9	6	15
L	85	16	19	20	15	15
M	8	1	-	2	-	5
N	15	3	3	1	4	4
Day care	64	8	9	20	21	6
O	44	5	7	13	13	6
P	19	3	2	6	8	-
R	1	-	-	1	-	-

APPENDIX B - INTERVIEW SCHEDULE

Name of agency

Address

Who interviewed

Date of interview

Auspices

Type of service

Policy: Who served: Age Sex Ethnic Religion
 Area served

Programs offered: 1 Golden Age clubs [] 2 Mothers' clubs [] 3 Other adult []
 4 Teen age [] 5 Pre-teen [] 6 School [] 7 Preschool []
 8 Other

Population served by type of service - Period covered

	Type of service				
Total caseload. . .					
Male					
Female					
Age					
Under 6					
6 - 9					
10 - 12					
13 - 17					
18 - 21					
Adult					
Ethnic					
White					
Negro					
Puerto Rican. . .					
Religion					
Protestant.					
Catholic.					
Jewish.					
Other					

Personnel of agency

	Full-time		Part-time+(Hrs/week)	
	Trained	Untrained	Trained	Untrained
Executive director. . .				
Assistant director. . .				
Supervisor _____				

Case workers.				
Group workers				
Clerical _____				

Which of the staff members are Spanish speaking? _____

Budget: Total _____ Salaries _____

Board composition: Name and occupation

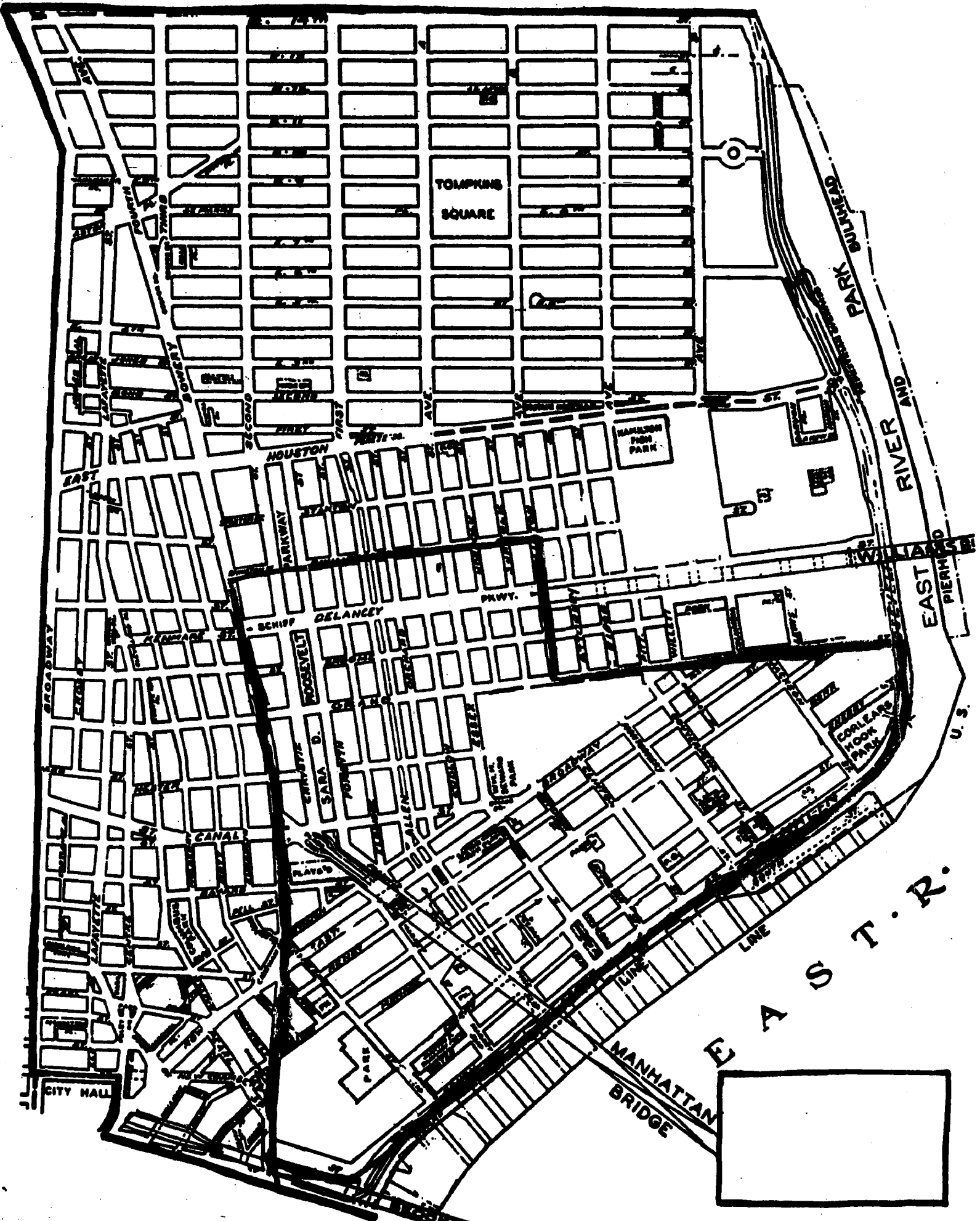
What kinds of problems are encountered in giving service to Puerto Rican clients?

What efforts have been made in relation to the above problems?

What further plans are there for dealing with such clients?

How important are the Puerto Ricans in relation to agency's total program?

This image shows a tabulating card, which is a type of punched card used in early data processing. The card is rectangular and features a grid of small squares. The grid is composed of 10 columns and 20 rows. The columns are of varying widths, with the first column being the narrowest and the last column being the widest. The rows are of varying heights, with the first row being the tallest and the last row being the shortest. The card has a series of small circular holes along its top and bottom edges, which were used for feeding the card into a tabulating machine. The card is dark in color, and the grid lines are light, making it difficult to read any data that might have been on the card.



APPENDIX C - STREET BOUNDARIES OF AREA

<u>Street</u>	<u>Numbers</u>
Allen Street	Up to 69
Bowery	Up to 122
Canal Street	From 104
Cherry Street	All numbers
Chrystie Street	Up to 101
Clinton Street	From 198
East Broadway	All numbers
Eldridge Street	Up to 96
Essex Street	Up to 60
Forsythe Street	Up to 90
Grand Street	From 200
Gouverneur Street	All numbers
Henry Street	All numbers
Hester Street	From 159
Jackson Street	All numbers
James Street	All numbers
Jefferson Street	All numbers
Ludlow Street	Up to 60
Madison Street	From 40
Market Street	All numbers
Monroe Street	All numbers
Montgomery Street	All numbers
Oliver Street	All numbers
Orchard Street	Up to 66
Pike Street	All numbers
Rutgers Street	All numbers
St. James Place	All numbers
Wagner Street	All numbers
Water Street	All numbers.