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RACIAL INEQUITIES IN THE DELIVERY OF SOCIAL SERVICES*

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ABSTRACT

Data from a survey of registered social workers in Michigan indicate inequities in the delivery of social services. Providers serving non-whites tend to spend less time providing casework services and more time on providing welfare services than do providers serving whites. These interracial differences may be explained by income or employment auspice. The major racial inequity is apparent when providers serving primarily non-white clients are analyzed. White providers serving non-whites spend more time on welfare activities and less on casework services than do non-white providers serving non-whites. These differences cannot be explained by income or the providers' education and experience. Such patterns of delivery raise issues for the profession and have implications for manpower needs, usage, and training. Research aimed at evaluating the consequences of these differences and programs to eliminate inequities should be of the highest priority.

Social workers and social service agencies provide a wide array of services. They are involved in helping the have-nots and disadvantaged groups of society, including low status minority groups (Turner, 1971:1068). Examining the gamut of social welfare services provided to the general population may obscure differences in the distribution and delivery of services to specific groups.

The questions of who gets what services and who provides these services are important to examine especially in terms of race, for racial discrimination has been a prominent part of American society. Race is important for it "exerts a pervasive and powerful influence on the delivery of professional services" (Cohen, 1973:90).

There are several issues therefore that speak to the importance of race on service delivery and its accompanying impacts. One consideration is whether white and non-white clients are receiving similar types of services. Another is whether white and non-white¹ providers are providing similar types of services. These two issues lead to a third issue of whether clients and providers should be matched by race.

There is little literature or data that illustrate these patterns of social work services. As a group, social work clients are primarily low income. It is reasonable to assume that there is a need for concrete services, and low socioeconomic status has been related to psychiatric problems (Cole & Pilisuk, 1976:510).

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Racial differences in general types of services have been reported. A study by Cole and Pilisuk (1976:521-523) showed that white males at a crisis clinic were more likely to receive psychotherapeutic services than non-white males, while non-whites received more support services such as referrals, filling out forms, or outreach.

There is more literature commenting on the need for matching client's race with the provider's race. Some authors suggest, especially regarding psychotherapeutic services, that clients should be served by practitioners of the same race (Baughman, 1971; Gunning, 1971; Vontress, 1971; Williams and Kirkland, 1971). Other authors contend that with the appropriate training, understanding of the client's background and recognition of one's own feelings, providers can be successful with clients of a different race (Block, 1968; Turner, 1972; Mizio, 1972; Minelowitz, 1979; Sayer, Brayboy, and Waxenberg, 1972). Finally, some contend that as long as the practitioner is empathetic and can acquire trust, race is not an issue (Brown, 1950).

Normative theories concerning the usefulness or harm which can result from racial matching of clients and providers do not help to predict the actual patterns. What is needed is empirical evidence concerning social work practice. Empirical data can help to identify patterns and practices.

The ongoing discussion of these issues is important for it illustrates how social work has come to grips with race as a factor. In the late 1950's and early 1960's, race was not dealt with as a contributing factor; workers took a stance of "colorblindness" (Hackshaw, 1971:1065). While this has changed, the role of minority content in social work education still varies by school. This is combined with the ethos of "egalitarianism," or the idea that all social workers should provide service to those in need regardless of client and provider race, taught by most schools of social work (Brown, 1976:33-37).

There are, as well, practical reasons for discussing these issues. If patterns of institutional racism are revealed, the training, distribution, and use of social workers must be reconsidered.

Current social work practice constitutes the best way to assess the profession's collective answer to these questions (Cohen, 1972:90). The task of this paper, therefore, is to examine the racial factor in the delivery of services to white and non-white clients by white and non-white providers.

Methodology

In order to measure the types of service, types of clients and types of providers, questionnaires were sent to a random sample of the 10,310 registered social workers in Michigan. The sample was stratified by the three levels of registration used in Michigan. Ten percent of each of three levels were sampled thereby providing a total N of 1031 divided into 496 certified social workers, 457 social workers, and 78 social work technicians. Each of these three levels connote different educational and experiential qualifications but are not differentiated by practice restrictions. Thus, the sampling provided a group mixed in both education and experience, with no one being restricted legally in what he/she can do.

The questionnaire was designed to elicit information regarding demographic characteristics, educational achievement, and current employment, including tasks performed, type of work setting, and demographic information on the type of client being served. The overall response rate to the survey was 52.3%.

Because the data in this article is based on the responses of practicing social

workers, measurement of the provider's characteristics is very straight-forward. Each respondent was simply asked their racial grouping. Measuring the type of clients and type of practice with this data, however, is not at all straight-forward. Measurement of these two variables is based on respondent's perception. Each respondent was asked to estimate the characteristics of their clients and practice.² Using their responses, practitioners were classified by the type of client they primarily served. Two-thirds (67%) was set to determine whether a practitioner served primarily one racial group. Therefore, a provider who responded that 80% of his/her clients are white would be classified as one primarily serving whites; while another practitioner only having 60% of his/her clients being white, would not be classified as primarily serving one racial group or the other. The analysis is restricted solely to the Detroit metropolitan area, for it is the only area where sufficient numbers of providers serving non-whites were found.

Second, the various specific social work activities were classified as one of three types. Activities that deal with the "resolution of intrapsychic conflict and the enhancement of psychological functioning" were defined as "casework" activities (Barker and Briggs, 1968:1976). The second type of services are "welfare services." A "welfare service" is a "tangible commodity or means to its acquisition, such as money, a job, or information about available resources, materials, or ways of obtaining them to fulfill other needs" (Barker and Briggs, 1976:177). Finally, the remaining services were categorized as "administrative;" this label is somewhat misleading for included are many nonadministrative functions such as policy development, program evaluation, and staff development as well as administrative tasks such as general administration and supervision. The common feature of these tasks is that they are not provided directly to the client. For each provider the mean time spent providing each of these services was calculated.

Review of Social Work Delivery in the Metropolitan Area

In order to fully compare the distribution and delivery of social work services, it is first useful to describe the overall delivery of services in the metropolitan area. Of the 225 respondents living in the metropolitan area, 101 are serving primarily whites, 64 are serving non-whites, and 60 were unclassifiable. Those 60 are not included in further analysis, leaving a total sample size of 165. Table 1 shows that there is some matching, intentionally or unintentionally, between the provider's race and whom they serve. Thus, of the 101 providers serving primarily whites, 92% are white, while whites only make up 53% of those serving primarily non-whites. The differences between percentages in Table 1 are significant to the $p < .01$ level.

TABLE 1. PERCENT (NUMBER) OF PROVIDERS PRIMARILY SERVING WHITES/NON-WHITES, BY PROVIDERS' RACE

Providers' Race	Providers Primarily Serving:	
	Whites	Non-whites
White	92% (93)	53% (34)
Non-white	8% (8)	47% (30)
TOTAL	100% (101)	100% (64)

$\chi^2 = 33.5$ $p < .01$

Social workers in the metropolitan area (n = 165) provide an array of services. Casework services are provided 39.9% of the time, welfare services 29.9% of the time, and the remaining 30.2% is directed toward administrative tasks or other, non-classifiable, activities.

Social Work Delivery by Social Workers Primarily Serving Whites or Non-Whites

On Table 1, discussed above, there appears to be a matching of the providers and clients by race. The next question is whether practitioners primarily serving whites and practitioners primarily serving non-whites provide different types of services.

Table 2 provides the mean percent of time providers serving primarily whites or non-whites spend per week on client services. Providers serving primarily whites spend more time providing casework activities (48%) than do providers serving non-whites (27%). The opposite is true for welfare activities; providers primarily serving non-whites spend more time (42%) on these activities than do providers primarily serving whites. Clearly the two groups of clients are receiving different services. The strength of the Phi-statistic reported in Table 2 (.30) indicates that there is a strong association between client race and the type of service provided.

TABLE 2. RELATIONSHIP BETWEEN CLIENT RACE AND TYPE OF SERVICE

Providers Serving Primarily:	Percent Time Providing:	
	Casework	Welfare
White Clients	48	22
Non-white Clients	27	42

Phi = .30 N = 165

Cell entry is the mean percent time spent by providers who serve primarily white or non-white clients on casework or welfare services.

Is this relationship a racial factor or are there other factors that might explain it? One suggestion is that differences in income may be related to the types of services provided to white and non-white clients. Groups with lower income, with fewer financial resources, will be more in need of welfare services. The data presented in Table 3 support his assertion.

Do providers serving primarily whites and non-whites serve clients with similar incomes? Table 3 attempts to answer this question using the Mann-Whitney U statistic (a T test is not appropriate because the assumption of normality is questionable as the income differences are skewed). Table 3 does show that of the five income levels, there are significant differences in four income levels between those serving primarily whites and non-whites. Those serving non-whites more often see clients with lower incomes than do those serving whites. While no direct relationship can be ascertained as to the relationship between a client and his/her income it may be inferred that non-white clients do have lower incomes than do white clients.

TABLE 3. PERCENT OF CLIENTS SEEN IN EACH INCOME LEVEL BY PROVIDERS SERVING PRIMARILY WHITES AND NON-WHITES

Income Level	Percent Serving Primarily:		Mann-Whitney U	Significance
	Whites	Non-whites		
0-5,999	27.7	67.6	1222.5	p < .001
6,000-9,999	13.3	17.6	2312.0	-----
10,000-14,999	20.2	6.6	1589.5	p < .001
15,000-19,999	19.7	6.0	1237.5	p < .001
20,000+	<u>18.9</u>	<u>2.0</u>	1157.5	p < .001
TOTAL	99.8	99.8		

N = 165

The fact that the income levels differ and that providers serving whites also serve clients with higher income, confirms the notion that the needs of whites and non-whites are different and therefore income may explain the differences in the type of services provided to each group of clients.

Another difference in the services offered to whites and non-whites is the setting in which services are provided. Table 4 shows the distribution of providers serving whites and non-whites by employment auspice. The vast majority of providers serving non-whites are employed in public agencies. Providers serving whites, on the other hand, are employed in a range of settings including profit-oriented settings. This pattern is probably due to the higher incomes reported for white clients which provides an incentive to establish such settings. The non-white client is therefore faced with fewer options and potentially the loss of manpower as more practitioners begin to establish such settings.

TABLE 4. AGENCY AUSPICE AND PROVIDERS SERVING WHITES/NON-WHITES

Agency Auspice	Providers Serving:			
	Whites		Non-whites	
	n	Percent	n	Percent
Public	45	45.5	44	71.0
Private-Nonprofit	35	35.4	18	29.0
Private Profit	9	9.1	0	0
Independent Practice	10	10.1	0	0
TOTAL	99	100.1	62	100.0

Chi square - 16.8; significant at p < .01

Social Work Delivery by White and Non-White Practitioners Serving Primarily Non-Whites

The data presented so far have shown three trends: 1) white providers serve whites and non-white providers serve non-whites, 2) white and non-white clients differ in the kind of services they receive, and 3) non-whites and whites may need different services because of lower non-white income. These relationships lead one to the inescapable question: What role do social work providers play in producing

different services to non-whites?³ In order to answer this question, data on the delivery of services to non-whites by white and non-white social work practitioners must be analyzed. Looking at providers serving only non-white clients allows variables such as income or auspice to remain constant and not confound the analysis.

Do white and non-white providers primarily serving non-whites give the same array of services to their clients: clearly the answer from the data in Table 5 is no. Non-white providers spend 33% of their time delivering casework services while white social workers spend 22% of their time on casework; the reverse relationship holds for welfare activities - white providers spend more of their time (49%) on such activities than non-white providers (24%). The measure of association ($\Phi = -.19$) indicates that there is a relationship between the provider's race and the type of services which non-white clients receive.

TABLE 5. RELATIONSHIP BETWEEN PROVIDERS SERVING PRIMARILY NON-WHITES AND PERCENT OF TIME SPENT DELIVERING SERVICES

Provider's Race	Percent Time Providing:	
	Casework	Welfare
White	22	49
Non-white	33	34

$\Phi = -.19$ N = 63

Cell entry is the mean percent of time spent by white or non-white providers serving primarily non-whites on casework and welfare services.

Is this result influenced by other factors? The data in Table 6 describes the income levels seen by the white and non-white practitioners serving primarily non-whites. Since the population is non-white, the assumption of normality is not likely to be violated and therefore T-tests may be used to compare the means. As is shown, the mean percent served at each income level is not different at a statistically significant level. Therefore differences in the types of services due to income would not necessarily be anticipated.

TABLE 6. INCOME LEVEL BY THE RACE OF THOSE PRIMARILY SERVING NON-WHITES

Income Level	Provider's Race (Percent)		T-Test	Significance
	White	Non-white		
0-5,999	73.9	60.1	1.60	-
6,000-9,999	16.6	18.9	-.37	-
10,000-14,999	5.2	8.2	-1.12	-
15,000-19,999	2.8	9.8	-1.61	-
20,000+	1.3	2.9	-.62	-
TOTAL	99.8	99.9		

N = 63

Another explanation for the relationship between type of service and providers' race has to do with the education and experience of providers. The argument is that whites who serve non-whites have lower educational levels and experience than their

non-white colleagues. Table 7 presents data relevant to this issue. The data do not support the proposition that whites serving non-whites have less experience and education than non-whites. Roughly half of the certified social workers (have a masters' degree and two years of experience) are whites serving non-whites.

TABLE 7. REGISTRATION LEVEL BY THE RACE OF PROVIDERS SERVING PRIMARILY NON-WHITES

Registration Level	Provider's Race				Total
	N	White Percent	N	Non-white Percent	
Certified Social Worker (Master's + 2 years exp.)	12	46.2	14	53.8	26
Social Worker (Masters' or BA + 2 years exp.)	19	59.4	13	40.6	32
Social Work Technician (Associate or some college)	3	50.0	3	50.0	6

The fact that differences exist based on the provider's race is surprising for social work has prided itself in its ethos of not discriminating based on race. If the needs of non-white clients are similar (supported by Table 6) and if the providers have similar education and experience (Table 7), then why do white and non-white social workers provide different kinds of services to their clients? This racial inequity can not be ignored. This finding has serious implications for social welfare policy and the social work profession.

Conclusion

What is the racial inequity that is present? The essential characteristic of racial inequity stems from the services provided by practitioners. Table 8 summarizes the results illustrated earlier. At first glance, the racial inequity appears to be in the differences of the services provided by practitioners serving whites and practitioners serving non-whites. But, as suggested earlier, income and employment auspice differences between the two populations help to explain these inequalities.

TABLE 8. PERCENT OF TIME PERFORMING ACTIVITIES

	<u>Casework</u>	<u>Welfare</u>
Providers Serving Whites (N = 101)	48	22
Providers Serving Non-whites (N = 64)	27	42
Non-white Providers Serving Non-whites (N = 29)	33	34
White Providers Serving Non-whites (N = 34)	22	49

Cell entry is the mean percent of time each group spends providing specific activities.

The more pertinent situation is when the activities of providers serving non-whites are compared by the providers' race. In this case, income differences are not statistically significant. Yet the two groups of providers are delivering different types of service. Thus the racial inequity in the delivery of social services is exposed as, not primarily the differences in services white and non-white clients receive but rather that white and non-white providers with similar qualifications, serving the same group, non-whites, provide different types of services.

Why does such a pattern of service delivery exist? It is possible that agencies channel clients with certain needs to particular providers. There may be matching of clients and practitioners by the institution. Such a pattern of matching, sending clients needing casework for instance, to providers of the same race, is consistent with some of the suggestions made in the literature concerning racial matching.

Such patterns may be the result of what the practitioner feels able to provide. It is possible that despite the "egalitarianism" taught in the schools, white practitioners feel less able to direct certain types of services to their non-white clients. They may hold certain perceived stereotypes about the types of services required by their non-white clients. Lower income clients are generally assumed to need welfare services with less attention paid to possible psychiatric problems despite the relationship of low socio-economic status to psychiatric problems described by Cole and Pilisak. The non-white practitioners, may better balance the services to non-white clients than can white practitioners. On the other hand, clients may not want certain services provided by practitioners who are not of their own race.

Given this matching of providers and clients in social service delivery, there is a need for continued research into the appropriateness of such matching. Schools are, theoretically, preparing providers in a manner that contradicts the employment of such a matching principle. They are teaching the idea that a provider should provide service to those in need regardless of race and have added minority content in their curricula. Such curricula must look realistically at the barriers (both distributional and personal) which are encountered in delivering services to clients not matched to the providers' race. Continued research would imply continued recognition that the issue of race is a factor of note and would have impact on school curricula, recruitment of providers, and agency philosophy on the use of providers.

Several issues are brought to mind for schools agencies, and workers. Schools need to examine whether they are providing sufficient attention to the egalitarian model, on the one hand, and adequately schooling their students in the cultural uniqueness of non-white clients, on the other hand. Furthermore, students should be "helped" to come to grips with their own feelings about clients who are different racially. Finally, given the prevailing practice, are schools attracting and training adequate numbers of minority providers? This is especially problematic given that whites tend to work with whites and minorities with minorities.

Agencies and staff must also examine their practices and attitudes. Agencies need to assess the training their staff receives and the use of such staff. They need to rid themselves of channeling patterns which are inappropriate and/or unnecessary. They must educate workers and clients who may hold certain racial stereotypes.

FOOTNOTES

¹ Non-white category for providers and clients includes the following social groups: Black/Afro-American, American Indian, Hispanic, Asian American. Results are not presented for these groups separately because the numbers are so small reliable analysis is not possible. Reporting only Blacks would not change any of the substantive conclusions reached in this paper.

² CURRENT EMPLOYMENT - ACTIVITIES

The following questions are concerned with the types of activities you perform and the services you provide.

1. Review the list of activities and identify those which occupy a substantial amount of your time.
2. Of these, record the approximate proportion of your time spent in each. (NOTE: for client-related activities, count the time spend in face-to-face contact, record-keeping, and other related activities, such as case conferences.)

Your estimates should add up to 100% of your time, as indicated at the bottom of the page.

Client-Related Activities

- Clinical Counseling/Psychotherapy _____
- Counseling _____
- Determining eligibility for services or financial assistance _____
- Intake _____
- Referral _____
- Supervision of client activities _____
- Liaison with other agencies _____
- Investigation _____
- Community Organization/Social Action _____

Administrative Activities

- Supervision of social workers _____
- Supervision of students/volunteers _____
- Staff Development/Inservice Training _____
- Program Planning _____
- Policy Development _____
- Program Evaluation _____
- General Administration _____

Other

- Teaching - College/University _____
- Consultation _____
- Clerical _____
- Other (specify) _____
- Other (specify) _____

TOTAL 100%

CLIENTS

Recipients of Services (The following questions have to do with the characteristics of the recipients of your services or the services provided by your agency.)

Income Levels

(Indicate approximate proportion of clients at each level.)

Under 6,000	_____
6,000-9,999	_____
10,000-14,999	_____
15,000-19,999	_____
20,000-29,999	_____
Over 30,000	_____
	<u>100%</u>

Race/Ethnic Origin

(Indicate approximate proportion of clients in each category.)

White/Caucasian	_____
Black/Afro-American	_____
American Indian	_____
Hispanic	_____
Asian American	_____
Other	_____
	<u>100%</u>

3 Ideally, providers serving whites should also be compared but due to the small number of non-white providers (8) in this category, a reliable analysis could not be performed.

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