

chapter 8

Placing Policy Proposals in Policy Briefs in the Second, Third, and Fourth Steps of Policy Analysis

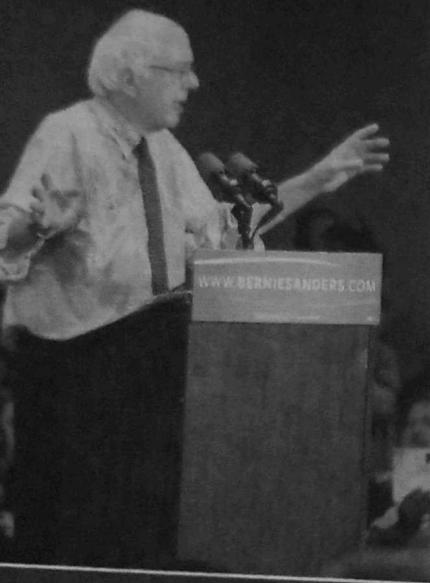
POLICY PREDICAMENT

Policy advocates often submit “policy briefs” that they submit to decision makers in hopes that they will generate sufficient interest that decision makers will support them. Policy briefs set forth specific policy proposals in a succinct format. We provide a policy brief at the conclusion of this chapter (Policy Advocacy Challenge 8.5) that was written by Elaine Sanchez, MPP, and is titled “Improving Education of Fujianese Students in New York City.”

LEARNING OUTCOMES

By the end of this chapter, you will be able to develop a policy brief that consists of a succinct statement of a specific policy or policies that you want other policy players to support. You will:

1. Identify different stakeholders as well as the perspectives they bring to specific issues
2. Identify nine kinds of substantive issues that policy advocates consider when they are developing policy briefs
3. Develop two or more policy options for addressing one or more of these nine substantive issues in your policy brief
4. Identify alternative criteria that policy advocates can use to compare the relative merits of different policy options in your policy brief
5. Select a preferred policy option for your policy brief by selecting one that is preferable to others with respect to selected criteria
6. Develop qualitative rankings to select one or more options in your policy brief
7. Develop a budget for your policy brief
8. Use different policy skills in tandem when developing policy proposals



Senator Bernie Sanders discusses his policy proposal to raise the national minimum wage

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Returning to the Six-Step Policy Analysis, Proposal-Writing, and Presentation Framework with Steps 2, 3, and 4

We discussed Step 1 of the six-step policy analysis framework in the prior chapter, where policy advocates familiarize themselves with specific problems and set some preliminary goals (see Figure 7.1). We now discuss Steps 2, 3, and 4 in this chapter. They identify specific policy options in Step 2. They compare their relative merits in Step 3. They develop policy briefs or proposals in Step 4.

Intersecting Arenas and Stakeholders

Before and when policy advocates develop policy briefs, they must look at the larger context by identifying “stakeholders,” that is, key persons, groups, and institutions with an interest in a particular policy issue. Stakeholders include administrators, consumers, advocacy groups, government officials, persons from the private sector (such as business leaders), and persons from so-called NGOs (nongovernmental organizations) as described in Figure 8.1. Policy advocates often involve some of these stakeholders in the development of their policy brief by making them part of a working group or coalition. Even when they do not involve them, they need to understand their perspectives because stakeholders often have sufficient clout to block or defeat a policy proposal described by a policy brief.

Stakeholders have various motivations and perspectives as they consider the merits of specific policies. We have discussed ideology at many points. Some stakeholders bring their ideological preferences to the table, such as when some conservatives insist that

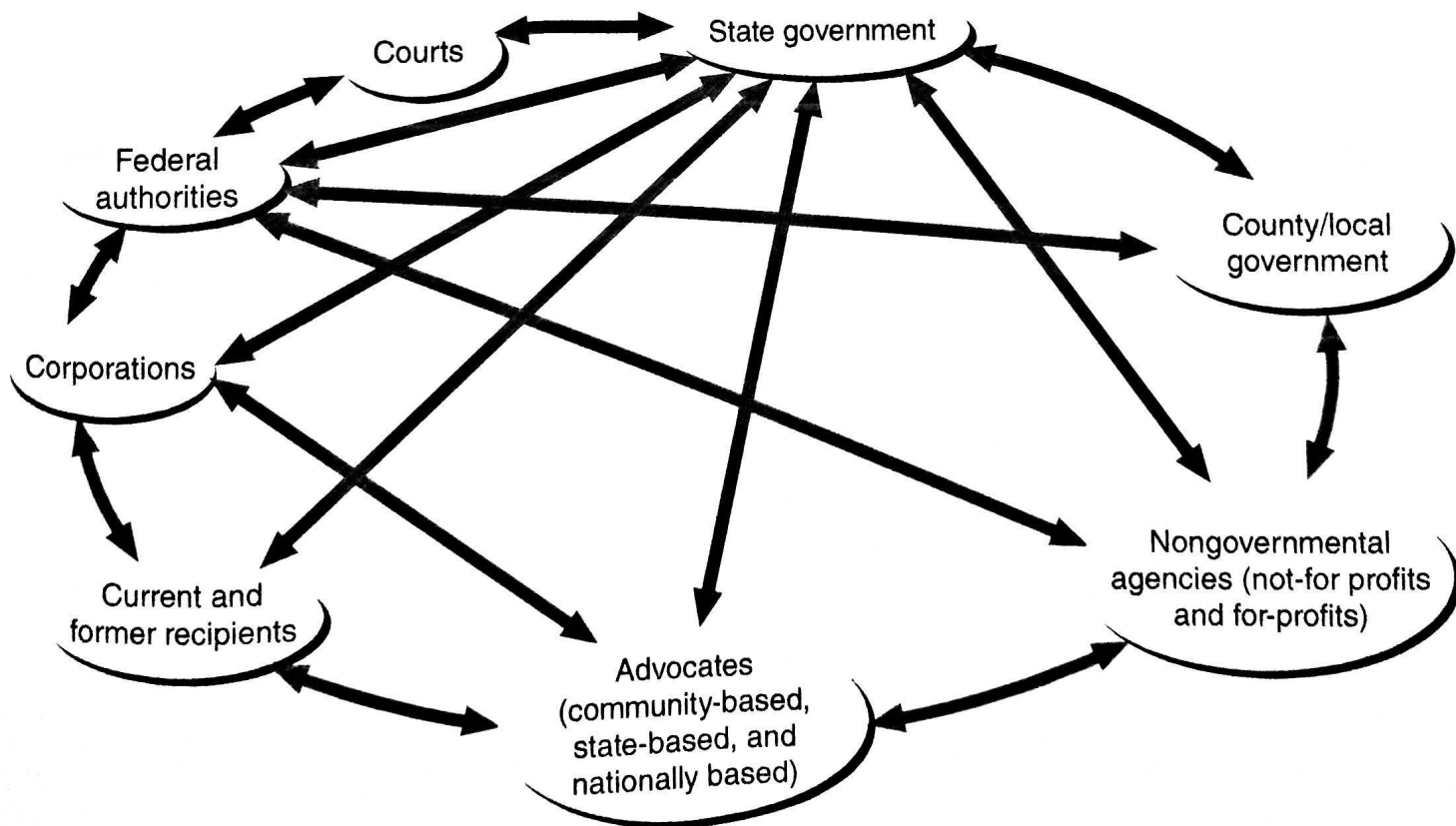


FIGURE 8.1 Intersecting Arenas and Stakeholders



Stakeholders and the Wheel of Interaction

Bruce Jansson, Ph.D.

We can use the wheel of interaction shown in Figure 8.1 to understand the proposal preferences of specific stakeholders by placing them in the center of the wheel. In the politics addressing various forms of inequality (educational, housing, fiscal, etc.) in your state or local jurisdiction, for example, place community-based advocates in the center of the wheel. What demands or requests might they make of other stakeholders?

What perspectives might they possess about how to address these problems? Contrast their likely demands or requests with stakeholders who want to advance their financial or political self-interest.

homeless persons be subjected to relatively harsh policies such as placing them in jails. Businesspeople and shopkeepers sometimes want streets cleared so that pedestrians and their would-be customers are not deterred. Developers of downtown housing often fear that a significant homeless population will deter persons from purchasing their units. Policy advocates, in turn, are often somewhat more likely to support spending on a variety of medical, social service, housing, child-care, job training, substance-abuse counseling and mental health services for homeless persons. Courts have issued a number of rulings that set limits on the actions of local police such as when accosting homeless people. Some stakeholders want to advance their self-interest, such as medical providers that want special reimbursements for the costs of treating homeless persons in emergency rooms and outpatient departments. Some stakeholders advance their political self-interest, such as elected officials who seek re-election or political candidates who want to defeat an incumbent office holder.



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Identifying Recurring Policy Issues and Policy Options in Steps 2, 3, and 4

When designing policy briefs or proposals, policy advocates must consider a range of issues.

They can be placed in nine groups that establish the following:

1. A mission for a proposal
2. How a proposal's services will be structured
3. The resource path of a proposal
4. The content of a proposal's services
5. How a proposal's resources will be rationed
6. How agencies associated with a proposal will be linked
7. How a proposal's services will be linked to communities
8. How the implementation of a proposal will be monitored
9. How a proposal's services will be assessed

As they encounter each of these nine issues, policy advocates must choose among competing alternatives or options.



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To illustrate our discussion, we will consider a hypothetical policy advocate in Washington, DC, who wants to develop a federally funded program for victims of domestic violence.¹ She thinks abused women need the immediate protection that shelters afford and realizes that many women lack the resources to find alternative sources of safe shelter. (She works for a shelter in Baltimore and is connected with a coalition of service providers, feminists, victims of domestic violence, and professionals who want the federal government to take a more active role in addressing this problem.)

This policy advocate knows that several local programs have been initiated for this purpose, mostly by underfunded not-for-profit agencies that have sought assistance from foundations, private benefactors, and public sources, such as the U.S. Department of Housing and Urban Development. Despite their founders' determined efforts, these centers have proved woefully inadequate in helping the rising number of women who seek relief from domestic violence. The coalition tentatively calls its proposed program the Federal Shelter Program. (The group is called the Stop Domestic Violence Coalition.)

Establishing a Mission in Steps 2, 3, and 4

While developing this program, the policy advocate must create some objectives for the Federal Shelter Program. We have noted that policies usually contain explicit or implicit objectives that provide programs with an overarching direction. Often, the preambles of legislation also provide such a rationale.

When discussing the shelters with legislators' aides, our hypothetical policy advocate finds no consensus on the federal government's mission in responding to domestic violence. Some legislators are uninterested in the issue, believing that advocates grossly exaggerate its importance and magnitude; indeed, one aide contends that domestic violence is a "figment of the imagination of do-gooder social workers, who want to create more jobs for themselves." Other legislators favor a "get-tough" strategy that would provide federal funds and policy requirements to local governmental units to find, prosecute, and imprison offenders. However, they object to direct federal assistance to shelters, which they think local jurisdictions should fund. Still other legislators want to provide federal assistance to a national network of shelters for victims of domestic violence and their children.

While believing that better law enforcement is also needed, our policy advocate and other participants in the Stop Domestic Violence Coalition decide to emphasize federal assistance to shelters. The coalition also wants the shelter program to offer a service to help women cope with their predicament and link them to legal, welfare, job placement, and other services.

Their objectives, then, emphasize federal funding to establish shelters and serve the women who seek protection there. This mission has important consequences for the policies they will develop; had they adopted a mission that emphasized prosecuting perpetrators, their proposal would have taken an entirely different form.

Designing the Structure of Service in Steps 2, 3, and 4

Having established a general direction, this policy advocate and her allies encounter some practice questions: Who should ultimately oversee the new program? What kinds of agencies should receive funds for the program?

Fixing Ultimate Responsibility Programs and agencies are typically classified into policy sectors, such as mental health, health, child welfare, public welfare, and gerontology. Assigning a specific program to a sector is often arbitrary and sometimes contentious. For example, the federal Office of Education and the federal Office of Economic Opportunity



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(OEO) vied for the Head Start program at its inception. In truth, it could have been placed in either sector because it has educational components as well as the parent and community participation that OEO emphasizes.² Ultimately, it was placed with the OEO because its key founders feared that placing it in the Office of Education would render it a mere educational program that lacked advocacy, parent-participation, and child-development dimensions.

Returning to our example, the policy advocate has to decide who should have ultimate responsibility for the program. For example, had the Federal Shelter Program been assigned to the National Institute of Mental Health, its major focus would have become providing counseling services, with less emphasis on providing shelter services. Had it been assigned to the Department of Housing and Urban Development, social services might have been ignored. Of course, the policy advocate could try to make the program an independent agency that reports directly to the president and is possibly linked to other programs that assist victims of violence.

She not only needs to decide which governmental department should receive ultimate jurisdiction but must also develop policies about implementation. In doing so, she must ask the following questions: Should state officials (perhaps from a state agency) or federal authorities oversee the program, and who should choose which agencies are to receive federal funds? Who should collect statistics about how the shelters use their funds, to keep legislators informed? Who should attend to program problems, such as misuse of funds or failure to comply with local building codes? Who should determine the shelters' eligibility policies within a specific state? Should these policies be contained within the federal legislation, be defined by federal officials after the legislation has been enacted, or be left to the discretion of state officials?

In the 1960s, legislators made federal officials responsible for many funding and operational decisions. Indeed, in many federally funded programs in the War on Poverty, local agencies applied directly to federal authorities for funds, and federal officials inspected and audited local projects. Since then, authority increasingly has been vested in state, regional, or county officials, who ultimately report some details of local programs, such as program statistics, to federal funders. (In the Reagan administration, this reporting was minimized because the president wanted to eliminate federal roles in favor of state and local ones.)

Our policy advocate must weigh the advantages of using the various levels of government.³ If she believes that many local units will be particularly unreceptive to the needs of domestic violence victims, she can vest responsibility in the federal government.

However, it is difficult for federal officials to superintend the operational details of thousands of shelters—and the political climate bodes ill for policies that propose augmenting federal power. Alternatively, she can choose a middle course, by directing the federal funds to state authorities, but requiring them to follow specific standards and report specific information to federal authorities.

Kinds of Agencies Receiving Funds The policy advocate has to decide which kinds of agencies can receive federal funds. Should not-for-profit, public, or profit-oriented agencies, or some combination of these, receive funds?⁴ Not-for-profit agencies have boards of directors, but their members are not allowed to have a financial stake in the agency, nor do the boards have shareholders or other investors who receive dividends. (Agency surpluses must be reinvested in the agency, whose staff receive fixed salaries.) Not-for-profit agencies are exempt from state and federal taxes, and contributors can usually deduct donations from their income, provided the agencies have a tax-exempt status with the Internal Revenue Service and with the state authorities that oversee not-for-profit agencies. Profit-oriented agencies are owned by private investors, either

owners or stockholders, who expect a financial return on their investment. (Owners may assume a major role in overseeing their agencies or may cede management to outside managers who work under their general direction.) Public agencies are usually funded exclusively by public authorities and clients' payments. In actual practice, though, complex hybrids exist. Virtually all not-for-profit agencies and some profit-oriented agencies receive contracts from public authorities; indeed, most not-for-profits receive more than 60 percent of their revenues from public contracts and grants. Some not-for-profits even have profit-oriented subsidiaries.

The policy advocate then has to compare these kinds of agencies when deciding whom to recommend funds for. Because public agencies lack a profit motive, they have no economic incentive to deceive or shortchange clients. Many critics have assailed public agencies, however, because they are often bedeviled by red tape, and by civil service and unionized employees who cannot be easily removed if they are ineffective. Although ultimately accountable to elected officials, many public agencies do not make extensive use of community resources, such as volunteers and support groups. Because public agencies often have emphasized services to poor persons, they often are shunned by working- and middle-class citizens, who may also believe them to be excessively bureaucratic.⁵

Not-for-profit agencies are perceived as more innovative than public agencies because fewer regulations constrain their programs.⁶ As they tend to be smaller than public agencies and have boards composed of residents, some of them are likely to be more responsive to the needs of specific communities. Some critics nonetheless question whether not-for-profit agencies are actually more innovative than public agencies, noting that their boards are often dominated by community elites, with scant participation by ordinary citizens.⁷ Some of them engage so aggressively in marketing and fundraising that they are indistinguishable from profit-oriented agencies, which have their own defenders and detractors. Many persons advocate privatizing human services by giving profit-oriented organizations an expanded role in delivering services. They contend that private markets enhance the efficiency of human services and the gearing of services to clients' needs. Wanting to instill market efficiency into the human services sector, they contend that public agencies that are inefficient or unresponsive to consumers should be supplanted by for-profit or not-for-profit agencies.⁸ Many critics of such a view point out that profit-oriented nursing homes and day-care centers sometimes attract clients with deceptive advertising, cut the quality of their services to increase their profits, and refrain from serving persons who cannot pay their fees.⁹

Planning the Extent of Devolution and the Resource Path in Steps 2, 3, and 4

Our policy advocate realizes that fiscal resources are the lifeblood of the human services system and that shelters desperately need funds to survive. She must choose a funding source for social programs, determine how much money to give specific programs, and select a funding channel—and she must make these choices in the context of existing policy realities.

Extent of Devolution Intense controversy exists about the respective roles of federal and state governments. Indeed, a movement to devolve federal programs and policies to state and local levels took place during the 1980s. After establishing federal social insurance and welfare programs during the Great Depression, the United States vastly enlarged a federally directed welfare state in the following four decades; federal domestic spending rose from a paltry 2 percent of the gross national product in 1930 (before the depression) to 17 percent by 1979.¹⁰ This growth in the federal spending was a result of widespread cynicism about

the ability of state and local governments to address their social problems. Even as liberals took the lead in developing this welfare state, conservatives chafed at the rise in federal power and launched three successive assaults on it. Richard Nixon, Ronald Reagan, and Newt Gingrich attempted in the early 1970s, the 1980s, and the mid-1990s, respectively, to cut federal spending and to devolve federal programs to state and local governments using so-called block grants. (Unlike categorical programs such as Head Start, which the federal government funds, defines, and regulates, block grants distribute funds to states or localities with relatively few restrictions.) Reagan succeeded in establishing nine block grants in 1981, which redirected funds for 77 categorical programs to block grants, and Gingrich and his allies, with some cooperation from Bill Clinton, ended the AFDC (Aid to Families with Dependent Children) as a federal program and entitlement and converted it to a block grant called TANF (Temporary Assistance for Needy Families). Devolution continued through the presidency of George W. Bush. His successor, Barack Obama, revived a stronger role for the federal government in health reforms, bank regulations, and federal spending to revive the economy during and after the Great Recession of 2007–2009 and beyond. Both Senator Bernie Sanders and former Secretary of State Hillary Clinton proposed major increases in federal roles in the presidential primaries of 2016, including a massive stimulus program, a public option in the Affordable Care Act, and massive increases in federal taxes on millionaires and billionaires to be used to fund an array of federal programs.

While conservatives have often framed relationships between federal and nonfederal governments in either-or terms, many permutations are not only possible but also desirable (see Table 8.1). Where programs should be placed on a continuum extending from sole federal to sole state or local depends, I contend, on how the programs rank on eight criteria.¹¹ (Of course, many people might disagree with my recommendations, such as some conservatives who would like to turn virtually all social programs over to the state and local governments.)

TABLE 8.1 Continuum Framework for Assessing Social Programs on the Federal-to-State Continuum

CRITERIA	SOLE FEDERAL	DEVOLVED WITH FEDERAL TILT	DEVOLVED WITH STATE/LOCAL TILT	SOLE STATE OR LOCAL
Extent to which federal tax code is used	X			
Extent to which program addresses survival needs	X	X		
Likelihood that states will discriminate	X	X		
Extent to which problem requires large resources	X	X	X	
Extent to which economic competition among states inhibits socially responsive policies	X	X	X	
Extent to which problem is linked to global competitiveness	X	X	X	
Extent to which local inputs and partnerships are needed		X	X	
Service-intensive programs		X	X	X
			X	X

National authorities should fund programs that meet survival needs, such as SSI (Supplemental Security Income), the Supplemental Nutrition Assistance Program (SNAP, formerly the food stamp program), social insurances, and the now-devolved AFDC program. Not only do these programs require huge resources but also, for several reasons, they are unlikely to be funded sufficiently by state and local governments. The nationwide total of state and local tax revenues is only half the total of federal tax revenues; thus, state and local governments lack the resources for large programs, particularly as they must also fund schools, highways, prisons, and the local share of such federal programs as Medicaid. Moreover, many policy experts fear a “race to the bottom” as states compete to cut their safety net programs.¹² Fearing that low-income persons will immigrate if they offer safety net programs that are more munificent than those of other states, some states offer miserly benefits. Many states restrict their tax revenues, moreover, by keeping their tax rates lower to entice corporations. These constrictions of their tax revenues diminish their resources for social programs. Moreover, legislators and governors are often strongly prejudiced against helping persons who need financial and food particularly in red states.

Many other programs can be devolved with a federal tilt so the federal government provides some funds and considerable oversight and regulations, or they can be devolved with a state/local tilt so the federal government provides fewer resources, less oversight, and fewer regulations. Many social service programs that require local input and partnerships and that need to be tailored to local needs fit into these two models. But many of these programs should not be completely devolved because they will be poorly funded. Moreover, the nation has a stake in many state and local services, such as job training, that keep American citizens competitive in job markets as the economy globalizes.

Some programs should continue to be funded and administered by local and state governments, such as large components of secondary education and correctional institutions. Also, states and localities can and should fund many social programs that fill the gaps in federal and state programs.

Sources of Funds for Social Programs Policy advocates must choose from a variety of funding options.¹³ The extensive general revenues of local, county, state, and federal governments fund many programs. Since the 1930s, the federal government has emerged as the major funder of social welfare programs because, as we know, it raises roughly two times the *combined* tax revenues of state and local governments, by state income taxes; state (or local) property taxes; and state (or local) sales, excise, and license taxes, to name a few. General revenues provide a useful source of funds for social programs because they are generally unrestricted. However, fierce competition exists over appropriation of general revenues, as many groups, thousands of existing social programs, and the Department of Defense all seek them. When taxes are periodically cut, such as proposed by Donald Trump, the Republican presidential candidate in 2016, access to general revenues becomes even more difficult. Relatively liberal politicians are more likely to recommend tax increases, such as Hillary Clinton in 2016, who promised to make rich people “pay their fair share” in 2016.

Payroll taxes fund Social Security and Medicare programs. These taxes take a certain percentage of employees’ or employers’ payrolls, or both. While payroll taxes are a predictable and stable source of revenues, it is virtually impossible to develop new payroll taxes because Social Security and Medicare already preempt a considerable share of people’s income.

Clients’ payments for services (fees) fund a significant share of the nation’s social programs run by agencies or private practitioners. Requiring payment discourages clients from the unnecessary use of social and medical services. In the case of sliding

fees, relatively affluent persons shoulder a substantial part of programs' operating costs. However, charging fees often deters poor persons from seeking needed services.

Special taxes, such as taxes on marriage licenses, auto licenses, and alcoholic beverages, are often earmarked for specific programs, as when states use taxes on marriage licenses to fund shelters for victims of domestic violence. Like payroll taxes, special taxes provide a stable source of revenues for specific programs, but political interests, represented by, for example, liquor companies, often oppose them, fearing the taxes will raise the cost of their products and erode their markets.

Private philanthropy, for example, federated community fundraising drives (such as United Way and appeals for Jewish and Catholic agencies), corporations, foundations, and individual donors, remains a major funding source for social programs, even though it has been eclipsed by governmental funding since the late 1950s.¹⁴ Private philanthropy provides funds that are often less restricted than government funds because they are not usually earmarked for specific programs. As with general government revenues, however, agencies and programs compete fiercely for scarce philanthropic funds, particularly since the cuts in government funding in the 1980s and 1990s. The bulk of private philanthropic dollars is, moreover, given to educational, medical, and cultural groups rather than to agencies serving persons with stigmatized conditions or from low-income groups.

Determining Levels of Funds

Euphoric after the enactment of legislation, policy advocates often discover that the programs they have championed have received inadequate funding. The funding of public programs usually follows a two-step procedure.¹⁵ First, legislatures authorize funds by stipulating an upper limit to the funds a specific program can receive in a given year. Second, the legislature appropriates a specific amount of money to the program for a specific year. Alternatively, as illustrated by Medicare, Medicaid, and Social Security, legislatures provide open-ended funding for some programs, in which they agree to fund whatever costs those programs incur in a specific year. However, most programs must battle for their funds in the appropriations process, often receiving far less money than was authorized for them because of competing demands for the available funds.

We should realize that choices about the funding of social policies occur in a broader context, whether at county, state, or federal levels. Using the federal level as an example, assume that you wanted federal resources for a so-called discretionary program. (The funding of discretionary programs is determined annually in the push-and-pull of the budget process, unlike interest on the federal debt and entitlements—or mandatory spending—like Medicare, Medicaid, food stamps, SSI, the Earned Income Tax Credit (EITC), and Social Security, which are automatically funded to the level of claimed benefits in a given year.) When mandatory spending is subtracted from budget totals, about 36 percent of federal budget revenues remain. In turn, about one-half of these revenues are absorbed by military spending, meaning that about 13 percent of the entire federal budget is available for domestic discretionary spending. Many claimants that are not social programs vie for these discretionary dollars, including transportation, the National Park Service, environmental clean-up, road and bridge construction, public works programs, and foreign policy expenditures. About 5 percent of the total federal budget exists for discretionary social programs of the Department of Health and Human Services, so advocates of increased funding for specific programs must realize that they play in a crowded field—and they must use considerable pressure and lobbying to convince legislators to increase funding for the program they favor. Even in agency settings, policy advocates who want greater resources for a specific program must understand the agency's budget so they can make a

good case for shifting resources from existing programs to one that they favor—assuming they cannot find new resources, such as by writing a grant proposal.

The United States collects less money through its income taxes than many other industrialized nations. It has lower top rates on affluent people than these nations and lower estate taxes. It further decreases tax revenues by allowing extensive “tax expenditures,” which allow affluent Americans to deduct specific expenditures from their income. These include deductions of mortgage payments and capital gains. Both Hillary Clinton and Bernie Sanders pledged in the presidential primaries of 2016 to make affluent Americans “pay their fair share” by cutting tax expenditures that disproportionately assist affluent Americans.

Policy advocates must realize that they also play in a crowded field in state and local jurisdictions. Spending on schools, corrections, and infrastructure absorbs most of the resources of state governments. Many states still rely heavily on sales taxes and property taxes that are disproportionately paid by nonaffluent Americans since a large percentage of their resources are spent on food and other essentials. States with income taxes, such as in California and New York, possess greater resources than states that rely exclusively on sales and property taxes. Policy advocates have to be aware of their funding environment, but not be excessively intimidated by it *because failure to submit meritorious projects reinforces the disinclination of some public officials to increase local, state, and federal taxes sufficiently to meet the needs of ordinary residents.*

Some legislative committees are **authorizing committees** that, essentially, decide the maximum amount of resources that can be expended on a particular program in a given year. (An example is the House Committee on Economic and Educational Opportunities, which authorizes resources for the Social Services Block Grant.) **Appropriations committees** decide how much money will actually be given to a specific program in a given year. So advocates need to get both sufficient authorizations and sufficient appropriations for specific programs.

Funding Channels

Once funds exist for a social program and some combination of public, not-for-profit, and profit-oriented agencies has been chosen to receive the money, funding channels need to be devised to distribute these resources. We can visualize the funds as flowing through channels, or routes, from various levels of government to agencies or consumers (see Figure 8.2).

Federal funders often provide money directly to agencies, as shown in Route 1, Figure 8.2. Funding may take the form of **project grants**, in which the federal government gives funds to a shelter to provide services to domestic violence victims. If project grants usually give agencies considerable latitude, **government contracts** specify the precise services the government wishes to provide, such as “5,000 days of residential services for victims of domestic violence in Fargo, North Dakota.”¹⁶

Alternatively, some persons argue that federal funders should provide resources directly to consumers (Route 5). For example, some persons favor the use of **vouchers**, that is, funds consumers can use to purchase specific services, such as day care. Government may place limits on the kinds of commodities that can be purchased and may require providers to meet certain licensing standards. Government funds may also take the form of **vendor payments** that reimburse providers for their services to specific clients.¹⁷ For example, the Medicaid program directly reimburses hospitals and physicians for the medical services they provide to low-income patients.

In the federal-to-state channel (Route 2), the federal government distributes funds to the states, which then distribute the funds to specific agencies. Advocates of state

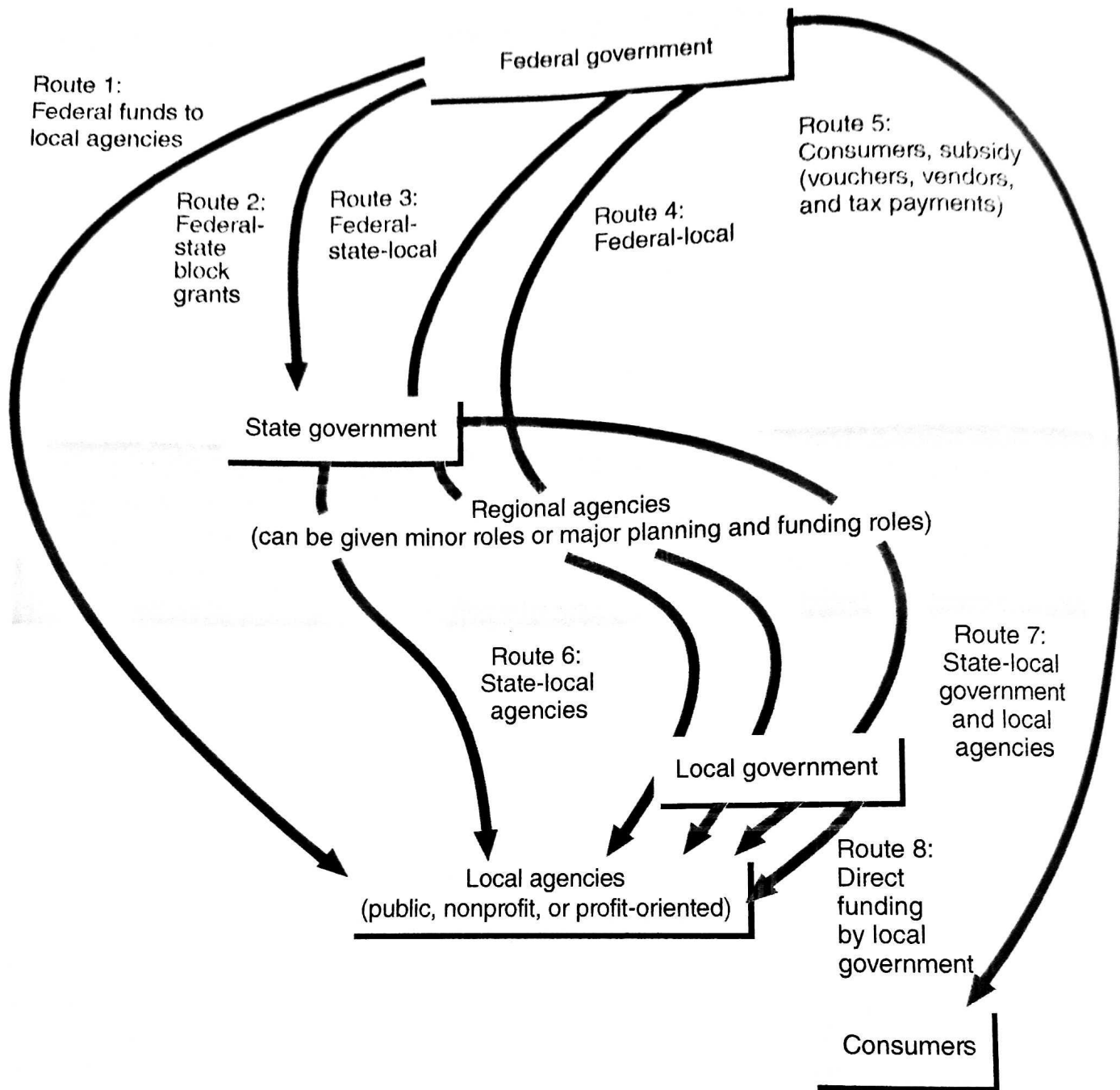


FIGURE 8.2 Possible Funding Channels

government support this policy because it gives the states an enhanced role in the human services system. Indeed, advocates of block grants, which are relatively unrestricted funds that the federal government gives states or local units of government, argue that they give recipients the flexibility to use the funds as they wish and to adapt their programs to local need. Opponents of block grants contend that they provide local jurisdictions with carte blanche use of federal funds for trivial or misdirected programs and might allow them to underserve specific groups.¹⁸ These opponents favor the federal funding of specific programs that requires the recipient to use the money for specific purposes and to adhere to numerous federal regulations. These programs, such as the Head Start program, are often called **categorical programs**. In the Reagan administration, a number of large block-grant programs were established, including ones for maternal and child health and for social services. While the federal government placed some restrictions on how the states could

use these funds, there were fewer constraints than in the 57 categorical programs that these two replaced. (As we discussed in Chapter Seven, welfare reform legislation in 1996 replaced the categorical AFDC program with a federal block grant.)

Alternatively, the federal government can fund local governments directly (Route 4), a tactic favored by some mayors and county supervisors who chafe at the extraordinary power of the federal government. In this case, local governments would use federal funds to fund shelters for victims of domestic violence within their jurisdictions.

Similarly, the states use many channels when they distribute their funds to local programs. They may distribute the funds directly to agencies (Route 6) or they may use local governments to distribute funds to agencies (Route 7).

Each funding channel has its critics and defenders. Those who favor the use of vouchers contend, for example, that it promotes healthy competition among agencies for clientele and decreases the need for government bureaucracy. Critics, however, point to many defects in market schemes. Although armed with vouchers, many low-income consumers cannot find quality providers because relatively few of them have agencies or practices in low-income areas.¹⁹

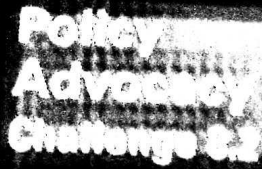
Indirect Financing

We have focused on how federal and state governments finance social welfare programs directly. Social welfare services can also be financed indirectly through the tax system, such as when clients are given **tax deductions** that allow them to deduct specific health, housing, or social welfare expenditures from their pretax income. In the case of interest payments on their mortgages, for example, millions of Americans receive tax deductions for their housing. **Tax credits** are direct cash rebates from the U.S. Department of the Treasury to taxpayers who meet specific eligibility standards after they have filed their taxes, such as cash received by low-income families through the EITC. Some taxpayers receive tax credits by subtraction of payments for specific programs from their federal taxes; for example, many working women fund only a part of their day-care expenditures, by subtracting a child-care credit from the taxes they would otherwise pay. **Tax exemptions** allow taxpayers not to pay taxes on part of their income. For instance, people can subtract from their taxable income an exemption for each dependent, which lowers their taxable income. Tax deductions, tax credits, and tax exemptions are often called "**tax expenditures**" because they decrease tax revenues just like direct expenditures. Some programs like the Affordable Care Act are partly funded by specified tax increases for specific groups such as the top 1 percent.

By these indirect methods of financing social welfare, then, citizens receive money not by direct government appropriations but through tax concessions.²⁰ The advantage of using the tax system to finance social welfare is that it does not require appropriations and thus avoids political uncertainties. However, tax concessions often benefit wealthy persons and corporations disproportionately (see Policy Advocacy Challenge 8.2).

Some Funding Choices Our policy practitioner has to state in her legislative proposal how much funding she is requesting, to what extent the states should match federal funds, whether the states should receive funds with relatively few restrictions, and whether in some states taxes on marriage licenses should be used to fund shelters.

When examining funding channels, she has to review her approach toward the various levels of government. If she decides to emphasize the states' role in superintending the program, she will propose that federal authorities direct funds to states, which will then fund the shelters. If, by contrast, she wants to emphasize the role of the federal government, she will have federal authorities directly fund local agencies, or she will develop a categorical program providing funds to states, which follow specific guidelines in using the funds.



Is It Fair?

Many public officials contend that the United States cannot afford expansion of its welfare state because the nation lacks sufficient revenues. Relatively few of them implicate so-called tax expenditures for the lack of sufficient revenues. Let's take just several examples of current inequities as described by the Tax Policy Center of the Urban Institute and the Brookings Institution that give tax breaks mostly to affluent Americans that take hundreds of billions of dollars from the Federal Treasury each year. Each of these tax expenditures disproportionately favors affluent Americans because relatively few persons in the bottom 40 percent of the economic spectrum have investments like stocks or real estate, few of them own houses, and few of them work for employers who have defined-benefit retirement plans. Nor do they own stock in foreign corporations that receive tax breaks.

1. Capital gains (tax write-off for profits when investments are sold): \$93 billion
2. Mortgage interest expense on owner-occupied residences: \$75.3 billion
3. Deferral of taxes for contributions by employees to retirement plans (\$74 billion)
4. Exemption from taxes for \$46 billion by employers for defined-benefit plans sponsored by employers (\$46 billion)
5. Deferral of income from controlled foreign corporations (\$67.6 billion).



EP 4b

She decides, let us assume, to ask for an authorization level of \$450 million in the first year from the U.S. Congress, with authorizations to rise to \$600 million within three years. Although she wants more funds than this for the program, she realizes that conservatives, as well as some moderates and liberals, will object to a larger program during a period of federal budgetary deficits. She selects Route 2 from the funding channels, that is, the federal government is to give funds to the states, which then fund local shelters. She would have preferred direct federal funding of shelters, but decides that this alternative is not politically feasible.

Defining Services in Steps 2, 3, and 4

As she develops an initial outline of the Federal Shelter Program, the policy practitioner must provide direction for the shelters' services, decide what mix of preventive and curative services to offer, and determine how to ration scarce resources.

Establishing an Orienting Framework

We can return now to our discussion of conceptual frameworks in Chapter Seven, wherein we contrasted public health, intrapsychic, deterrent, and other paradigms frequently used in social policy. The policy practitioner has to articulate an orienting framework on which to base her services.

The policy advocate realizes that women who have been subjected to abusive behavior often have multiple problems, such as legal, psychological, familial, medical, and economic issues. Many of them contend with divorce suits and police protection, suffer from anxiety and depression, have children traumatized by family violence and disruption, have serious physical injuries from the violence, and face a loss of income after separating from their spouses. These considerations prompt the policy practitioner to link multifaceted services with residential services. As she struggles to define the services, she decides she wants



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some combination of advocacy, crisis intervention, and referral services, integrated by a case management system.

She is certain, however, that some shelters will not provide any social services because they will lack the funds or will be preoccupied with the residential services. Therefore, she decides to specify in the legislation the services that shelters receiving federal subsidies will need, including crisis intervention, referral services, and case management services, to attend to the multiple needs of victims of domestic violence. She does not want the shelters to become merely places of residence for women fleeing domestic violence; indeed, she wants to link the shelters to their surrounding community and local feminist organizations. Moreover, she wants the shelters to be advocates, not only for individuals but also for domestic violence victims in general. She wants the shelters to support policies that increase the prosecution of perpetrators and that include domestic violence victims in the existing state programs that provide financial reimbursement to the victims of violent crimes. Besides case management and other services, she decides to require advocacy for domestic violence victims, the use of volunteers, and residents' participation on the shelters' governing or advisory boards (to be discussed later). Even with these stipulations, she realizes that many shelters will seem to offer only a residence, not a multiservice center, because it is far simpler to define facilities' formal attributes than it is to shape their informal qualities, such as sensitivity, advocacy, or responsiveness to community needs.

Staff and Licensing

The policy advocate realizes that implementing these plans requires competent staff. She also knows, however, that considerable competition may develop among social service professionals if she favors certain kinds of professionals, such as social workers, in her legislation.

Before we can understand her predicament, we need to discuss how professions, including social work, develop their power and credibility.²¹ Professions develop out of both altruism and self-interest. Members of specific professions want to protect consumers from incompetent persons (altruism), but they also want to reserve certain jobs and private practices for persons who meet certain requirements (self-interest). Both altruism and self-interest encourage monopolies from which professionals exclude outsiders who have not received specific training.

Professions must establish minimal education and training requirements, both to be certain that their members have certain competencies and to distinguish their members from the general public and from other professionals. (If no minimum requirements existed, anyone could use the title of the profession and pose as a member of it. This would undermine the profession's credibility because consumers and employers would be likely to believe the title meant nothing.) To protect their members, then, professions specify minimal training and education and develop methods for monitoring them. In the case of social work, graduate schools, whose graduates receive an MSW degree, cannot be accredited by the Council on Social Work Education (CSWE) unless they follow minimal classroom and fieldwork requirements.²² Similarly, persons who claim they have the BSW degree must have completed specified undergraduate education and fieldwork requirements that CSWE specifies. Programs not accredited by CSWE can graduate students, but would have difficulty recruiting faculty and placing their graduates in jobs.

However, professional organizations are rarely content, again for reasons of altruism and self-interest, to rely exclusively on accreditation to enhance their status. They also want government to use its licensing powers to reserve certain titles, tasks, and positions for their members.²³ Licensing of titles means that by state law, people can use titles such as *licensed clinical social worker, physician, or attorney at law* only when they have met certain training

requirements, including graduating from an accredited program and engaging in postgraduate training. For example, in some states, the requirements for the title licensed clinical social worker (LCSW) include working for a specified number of hours under an LCSW's supervision.

Licensing of tasks or functions requires people to complete certain training before performing specified tasks, such as surgery or prescribing drugs. This kind of licensing represents an even more potent form of protection for a profession because—unlike the licensing of titles, which merely regulates the terms that persons use to describe themselves—it limits certain tasks to the members of a profession.²⁴ Imagine the power that LCSW's would suddenly gain if all counseling were limited to them, just as surgery is limited to surgeons.

Professions often try to keep certain positions in government agencies to themselves by having them *classified*. When government authorities require certain credentials for a civil service position, such as a master's degree in social work, they prevent members of other professions from competing for that position. It is small wonder that professional social workers have been perturbed by declassification, which removes the requirement that one must have a master's degree, or even a bachelor's degree, in social work for positions in child welfare agencies, welfare programs, and other programs. Licensing and classification are often controversial because rival professions vie to reserve certain positions for themselves or to prevent other professions from monopolizing them.²⁵

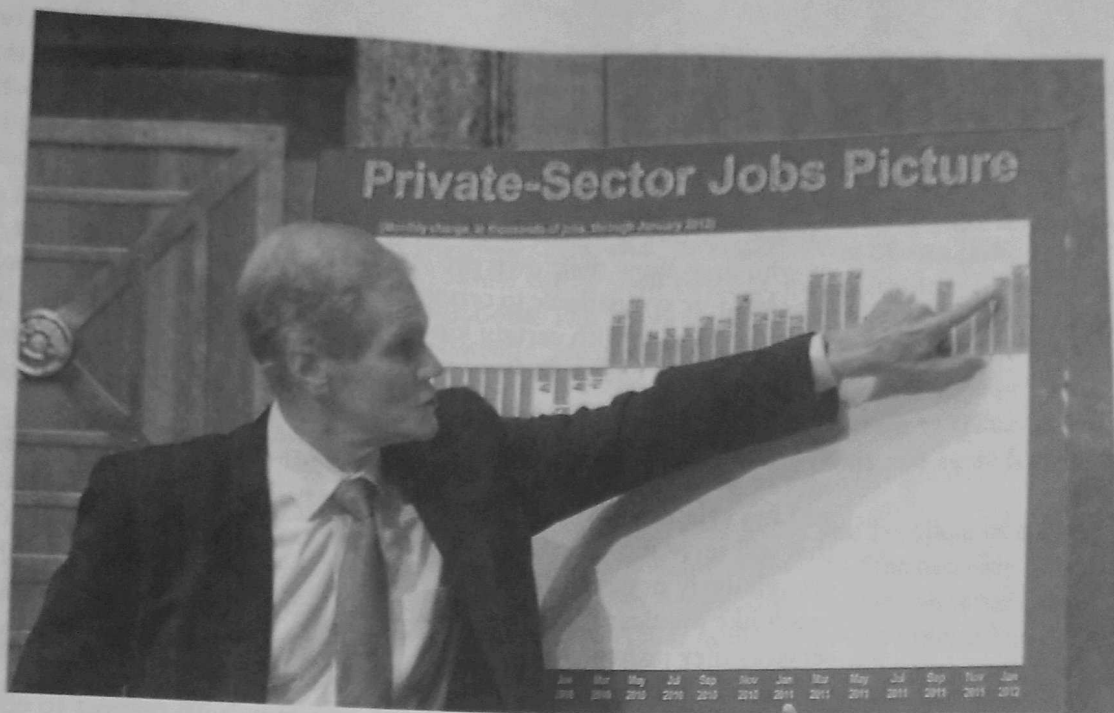
Our policy advocate, therefore, must decide whether to require the shelters that receive federal funds to hire certain kinds of professionals. The legislation could stipulate, for example, that each shelter's director of social services must have an MSW degree and that only members of specific professions with a supervised practicum in clinical work can provide certain counseling and case management services. Such requirements may enhance the quality of the shelters' social services and make their services billable to insurance. But the policy practitioner realizes that such staffing requirements have some disadvantages. They will substantially increase the cost of maintaining the shelters because the shelters will have to pay the higher salaries that professionals command. Professionals excluded from directing the shelters, such as marriage and family counselors and psychologists may oppose the legislation. Our policy advocate decides that the shelters' directors should have an MSW degree and that the direct-service staff have had a supervised practicum but decides not to specify their professional affiliation.

Preventive Versus Curative Services

When contemplating whether to incorporate a major preventive component, the policy advocate confronts difficult dilemmas (see Chapter Seven). The number of women on waiting lists for shelters makes it difficult to justify spending large sums on prevention, and it is difficult to know how to prevent abusive behavior in light of the complexity of the problem and the absence of definitive research. Abusive behaviors probably stem from some combination of exposure to abuse as a child, marital discord, substance abuse, cultural factors, sexism, situational stressors such as unemployment and poverty, ownership of a gun, and a national culture that promotes violence. While large-scale national reforms could address some of these causes, the policy practitioner cannot easily address them in her legislative proposal. If **primary prevention**, which is directed to persons not yet having a social problem, is difficult to accomplish, she nonetheless wonders whether her legislation could engage in **secondary prevention**, which aims at averting the further progression of problems that are in their early stages. As members of her coalition brainstorm the issue, they decide that properly advertised local hotlines would encourage women to seek early assistance. Thus, the policy advocate includes in her proposal a section qualifying shelters to apply for funds to set up a hotline.



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Senator Bill Nelson of Florida presents data related to a policy proposal on the Senate floor

Rationing Scarce Resources in Steps 2, 3, and 4

There are always many people who need assistance, so every social agency and social program must engage in some form of rationing.²⁶ Our policy practitioner must grapple with this issue as she plans the legislation because the resources that Congress might authorize will not be sufficient to address the large demand for services by victims of domestic violence, who have formed long waiting lists for the existing shelters. Moreover, if the Federal Shelter Program is enacted and advertised, it is likely that many women who do not currently use services will seek them.

Formal or Direct Methods of Rationing

One of the most common methods of restricting access is giving free services only to those who fall beneath a minimum level, such as the official poverty line. This method is called **means testing**. Using income measures poses some problems, however.²⁷ Means testing requires shelter staff to check applicants' financial records, a time-consuming task. Many victims of domestic violence are, moreover, in a chaotic financial situation in the wake of leaving their spouses or partners, losing access to joint banking accounts, and lacking independent sources of income. Can shelter staff accurately identify actual available income, as opposed to total family income, in these circumstances? Income-based eligibility, however, has some advantages. It enables social agencies to focus scarce resources on those who are least able to purchase services.

In addition to, or instead of, basing eligibility on income, the policy advocate can use diagnostic criteria, such as the level of danger, the frequency or severity of the abuse, or the extent of the applicants' personal trauma. Like mental health institutions, which often limit access or at least involuntary commitment to persons who are a danger to themselves

or others, the policy practitioner can limit use of the shelters to women who have been physically abused rather than those who have only received verbal threats. Diagnostic criteria have the advantage of limiting the programs to the persons who appear to have the most serious problems. This is an important consideration when dealing with domestic violence victims, whose lives are sometimes in danger. However, these criteria place applicants at the mercy of intake staff, who may misread the seriousness of a woman's problem or who may allow their own preferences to shape their judgments.²⁸ Indeed, intake staff may be more sympathetic to certain persons, such as members of their own racial or ethnic group or women with certain kinds of problems. When analyzing her options, the policy advocate might choose to use a number of eligibility criteria. She could, for example, limit free service to persons earning less than a certain amount and require shelter staff to give priority to women in danger of serious injury.

The policy advocate cannot resolve rationing issues without considering certain values and her original mission. If she wants a national network of federally subsidized shelters that will serve most victims of domestic violence, she may establish eligibility policies that are relatively nonexclusionary. She could even aim to make the shelters an entitlement, much like Medicare or Social Security, which will receive automatic funding for whatever services they provide to domestic violence victims during a given year. This option could have bleak political prospects, however, because of its high cost.

We should note that buck passing is common with respect to eligibility. In order not to make difficult and sometimes controversial choices, federal legislators, for example, may yield eligibility decisions to states or agencies, as in some block-granted programs. Such ceding of decisions on eligibility standards has some merit because standards of living and demand for services vary in different parts of the nation. Critics contend, however, that more conservative and poorer states restrict eligibility excessively when given this power.

Indirect Methods of Restricting Access

Social agencies and programs devise policies that indirectly influence clients' access. One method of rationing is to place upper limits on the intensity or duration of services. To enable more persons to receive assistance, a program administrator may decide, for example, to limit residence in a shelter to a certain number of months. When placing limits on services, policy practitioners must balance effectiveness with equity. If the intensity, duration, or number of services or benefits is markedly reduced, more consumers will receive program benefits (equity is increased), but the services may be distributed so thinly that they are ineffective or inadequate. Policy practitioners must make difficult choices when considering the relative intensity or number of program benefits.

Another common method of rationing resources in social agencies and programs is to adopt a first-come, first-served policy, in which consumers receive services in the order of their application. This approach appears at first glance to be equitable because no favoritism is possible. However, this policy has its own liabilities. People with serious problems may need preferential access, and certain clients may drop off waiting lists.

Some critics argue that social agencies should reserve resources for underserved populations, much as affirmative action has reserved employment slots for women and racial minorities. According to this argument, social agencies should also develop outreach to these populations and examine service utilization patterns in order to reach consumers who leave the service prematurely.

Some social agencies ration services by discouraging specific populations from using them. Overt discrimination is probably less serious than subtler forms.²⁹ Low-income populations with economic and social problems who want tangible assistance might not use



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some service approaches, such as extended talking therapies. Similarly, a lack of bilingual and ethnic-minority staff will deter ethnic minorities from using services. Agency personnel may not fully realize that their forms of service or their staffing patterns powerfully influence who does or does not use the program.

Agencies ration services indirectly in many other ways, including the location of facilities, the use of specific program titles, and the selective use of outreach. Facilities located in low-income areas promote use by poor persons, just as facilities in many suburban areas favor affluent populations. The importance of titles becomes obvious when one examines the difference between "free clinic" and "women's free clinic"—the latter clearly would encourage female users and discourage male users. Patterns of outreach and advertising also influence access; if an agency advertises its program to relatively affluent populations, for example, it biases access toward these persons and away from other populations.

Charging fees is another way to restrict access. Fees have the advantage of helping to fund a program and to prevent excessive use by some clients. As fees increase, however, low-income consumers are less likely to seek services and more likely to terminate early. Some policies, such as restricting services to regular hours, impose a hidden but substantial burden on working persons and poor persons, who must, in effect, pay a fee by taking time from their employment.

Our policy advocate reluctantly decides that she has to ration the services financed by the Federal Shelter Program because of the enormity of the unmet needs. She decides to restrict access to three months of residence in the shelters unless a woman remains in imminent danger of physical abuse. She also decides to require the shelters to disseminate information about their services to a broad range of community groups, and she establishes a sliding-fee schedule that can be waived when family finances are disrupted by dislocation.

Addressing Agency Network Issues in Steps 2, 3, and 4

In the 1950s, it was customary to conceptualize a social agency as an autonomous entity providing services more or less in isolation from other agencies. But in the succeeding decades, many policy theorists came to realize that agencies had to develop links with one another if they were to provide quality services. Child welfare agencies maintain hundreds of thousands of children in foster care, while serving the natural families of many of these children and the dysfunctional families whose children have not been removed.

No matter how dedicated its staff, the child welfare agency cannot provide quality services unless it links these children and families to schools, mental health agencies, job-training agencies, job-search agencies, substance-abuse clinics, adult education agencies, health providers, Social Security offices, and government welfare agencies. Indeed, linkage must occur on several levels simultaneously. At a case management level, child welfare staff develops individualized plans for children and families that identify an array of services, make referrals, and monitor referrals to be certain that children and families actually receive them. If a child welfare agency lacks funds to purchase services, moreover, children and families will sometimes fail to receive them from referral agencies that are overwhelmed by current demands on their services. So, case management has to be supplemented with purchase-of-service resources.

At a more ambitious level, however, a child welfare agency develops partnerships and collaborations with other agencies. In some cases, it must subcontract with other agencies to help specific kinds of families and children. A child welfare agency might subcontract with a family-counseling agency, for example, to provide family support and empowerment



services for dysfunctional families that show promise of improving their parenting sufficiently so that children can remain in the family. Or a child welfare agency might establish a **collaborative project** with other agencies to which each contributes staff and resources. It might, for example, collaborate with a substance-abuse agency and a job-training agency, creating a new program that combines substance-abuse, job-training, job-referral, and family-counseling services. Staff from these components would not only meet separately with families but have frequent case conferences, both among themselves and with the families.

Links among agencies were also fostered by a **managed-care** revolution in the 1990s. It began in the health service industry in response to the double-digit annual increases in costs that confronted government funders, corporations, and insurance companies.³⁰ By 2002, the United States was spending about 16 percent of its gross domestic product (GDP) on health care—and nearly 20 percent of GDP in 2016 or far more than any other industrialized nation. Before the advent of managed care, autonomous physicians were reimbursed for each test or service, such as \$1,000 for removing an appendix. Few limits were placed on their fees, and insurance companies usually reimbursed physicians and hospitals for whatever fees they charged. Such **fee-for-service** reimbursement was very costly because it encouraged physicians to do excessive surgeries and diagnostic tests, as their incomes were based on the number of services they provided.

Determined to establish limits on these costs, insurance companies formed managed-care organizations and placed physicians and hospitals under tight controls. To participate in managed care and to get reimbursed, physicians and hospitals had to agree to limit their charges and to get approval for diagnostic tests and surgeries.

It seemed at first that managed care, which began with health services, would not affect social workers, but it was soon extended to mental health services, which employ tens of thousands of social workers. Because, originally, they had provided some mental health benefits, health insurance companies placed mental health practitioners under controls similar to those on physicians: If they wanted to be reimbursed, mental health practitioners had to agree to certain fee levels and had to get approval if they wanted to provide treatment that exceeded, as in many cases, 10 sessions.³¹ This trend toward managed care in the mental health services was accelerated by federal legislation in 1996 that required health insurance plans to include mental health coverage. Managed care in mental health quickly spread to the public sector as well. For example, the Los Angeles County Mental Health Department, which is charged with caring for persons with chronic conditions who receive SSI, decided to subcontract its services to not-for-profit and for-profit agencies, giving them specific payment amounts per patient. This method of financing care, called **capitation**, differs markedly from fee-for-service. Mental health providers had often billed insurance companies and public authorities by the hour for the clinical services they provided, but capitation meant that they received a flat amount per year for each patient in their care, say, \$1,500 per patient. As with managed care generally, capitation removes the incentive for providers to overextend services as may exist with open-ended fees.

As clients soon discovered, the movement toward managed care had both positive and negative consequences. By placing providers under the control of insurance administrators and by setting limits on their fees and services, it fostered greater efficiency in health and mental health. Some managed-care health facilities, however, chose to underserve their patients and clients, increasing their revenues per capita, for example, by deciding to deny diagnostic tests, surgeries, and mental health services even to patients and clients who clearly needed them.³²



Indeed, policy advocates in many states introduced legislation that placed restrictions on managed-care insurance companies, such as diminishing the power of their administrators to force providers to restrict their services excessively, or that gave consumers the right to appeal treatment decisions that denied them services or tests.

In some cases, policy advocates created regional organizations to fund local agencies and shape policy choices. For example, the Ryan White legislation provides federal funds for AIDS treatment and prevention programs.³³ This legislation created regional boards across the nation that distribute funds to agencies in their area, **monitoring** these agencies' services, and create new programs when gaps or omissions exist. While critics view these regional organizations as yet another layer of bureaucracy, their proponents contend they locate unserved needs, promote joint programs, and advocate for underserved populations.

Addressing Community Factors in Steps 2, 3, and 4

We noted earlier that our policy advocate wants to embed the shelters in her program in the community. She inserts provisions in the legislation to encourage shelters to spread word of their services to local self-help groups; local professionals who have extensive contact with women (such as hair stylists); female community leaders; and agencies that link women to schools, job placement, medical services, free clinics, and other social agencies. She also requires the shelters to provide advocacy services, such as seeking greater protection by local police departments for women who have been abused.

Because shelters' staff and boards will define priorities and objectives, the policy advocate requires the boards to select 51 percent of their membership from survivors of domestic violence, female leaders in the community, and local professionals who work in self-help and other agencies. These kinds of board members, she believes, should be more sympathetic to her objectives than the businesspeople and professionals who usually dominate agencies' boards. To give the boards even greater powers, the policy practitioner also requires them to review programs and budgets in the hope that they will promote the full range of services in the legislation, including advocacy and outreach.

Guiding and Overseeing Policy Implementation in Steps 2, 3, and 4

As we discuss in more detail in Chapter Thirteen, implementation is a critical part of the policy process. Were policy advocates not to consider implementation in their proposals, they would ignore a vital aspect of the policy-making process. They must consider three issues: Who will establish the detailed policies that will guide the implementation of their proposal, who will implement it, and who will monitor its implementation?

Most proposals do not attempt to define the myriad administrative policies that will shape their implementation. While they may discuss a broad strategy for determining eligibility, for example, they may not describe detailed policies, such as how current income will be calculated if a means-tested sliding-fee approach is used. These kinds of details are frequently decided through **administrative regulations** that a high-level agency establishes. Our policy practitioner decides to give the responsibility for establishing these detailed policies to the states rather than vesting them with the federal government, partly because she fears that conservatives will oppose her Federal Shelter Program if it gives the federal government this role.

She must also decide whether the programs of specific shelters will be monitored by higher authorities to see if their services are in compliance with the policies in the

legislation and the states' administrative regulations.³⁴ In addition, she must decide whether shelters will be given technical assistance to help them implement these federal and state policies. She decides they will and gives state agencies the task of monitoring the shelters and providing them with technical assistance. Realizing that monitoring and technical assistance can be costly because staff must be hired and reimbursed to travel widely, she decides to earmark some of the Federal Shelter Program's resources for these two functions.

Assessing Implemented Policies in Steps 2, 3, and 4

Policy proposals often discuss how programs or services they establish will be assessed. In the case of the Federal Shelter Program, the policy advocate must decide who will perform these assessments and how they will be funded. As with monitoring and technical assistance, she decides to give this responsibility to the state agency that oversees the shelters.

An Overview of a Policy Brief or Proposal to Fund Domestic Violence Shelters

We have watched our policy advocate face a number of policy options and make some tentative choices that can provide the policy brief that she will submit to public officials in the Congress.

She has established a mission by proposing a nationwide system of domestic violence shelters. The shelters will provide abused women with a range of social services. She has designed the structure of service to place the Federal Shelter Program in the U.S. Department of Health and Human Services, to use only not-for-profit agencies, and to set some standards at the federal level. However, each state is required to appoint a lead agency to administer the funds to the local shelters. She has planned the disbursement and circulation of resources by establishing an authorization level of \$450 million, which will increase to \$600 million within three years, using Route 2 from Figure 8.2. She has defined the services to be offered by using an ecological paradigm, requiring that they include referral, crisis management, case management, advocacy, legal help, and outreach. She has proposed a regional hotline in designated regional areas and will require that the shelter directors have an MSW degree and direct-service staff to have had a supervised practicum.

She has rationed scarce resources by (a) establishing a sliding fee that can be waived when family finances are disrupted by dislocation; (b) limiting residence to a period of three months, which can be extended when the resident remains in imminent danger of physical abuse; and (c) giving admittance priority to women in imminent danger of physical abuse. She has included local coordinating boards to link the work of different shelters. The proposal addresses community factors by requiring outreach to underserved segments of the population, links with community support systems, and advocacy; and by requiring 51 percent of the board to consist of survivors of domestic violence, female community leaders, and professional staff in agencies or support groups for this population. Finally, she has arranged for overseeing policy implementation by earmarking 3 percent of funds for state agencies to monitor the shelter programs.

As we will see in Chapter Nine, it is relatively simple to list policy options and to make preliminary choices, as our practitioner has done. But she and other members of her coalition have not yet encountered the difficulties of the political process or persons who are not favorably disposed to the proposal. At that point, she will have to make some difficult choices.

The Anatomy of Policy Briefs or Proposals

We can conceptualize proposal writing as choosing from the competing options on various policy issues. The policy advocate maps a proposal by drawing lines between alternative options on a diagram that displays the issues and the competing options. See Figure 8.3, which illustrates the choices made by the policy practitioner who has constructed the Federal Shelter Program. The shaded items are the options.

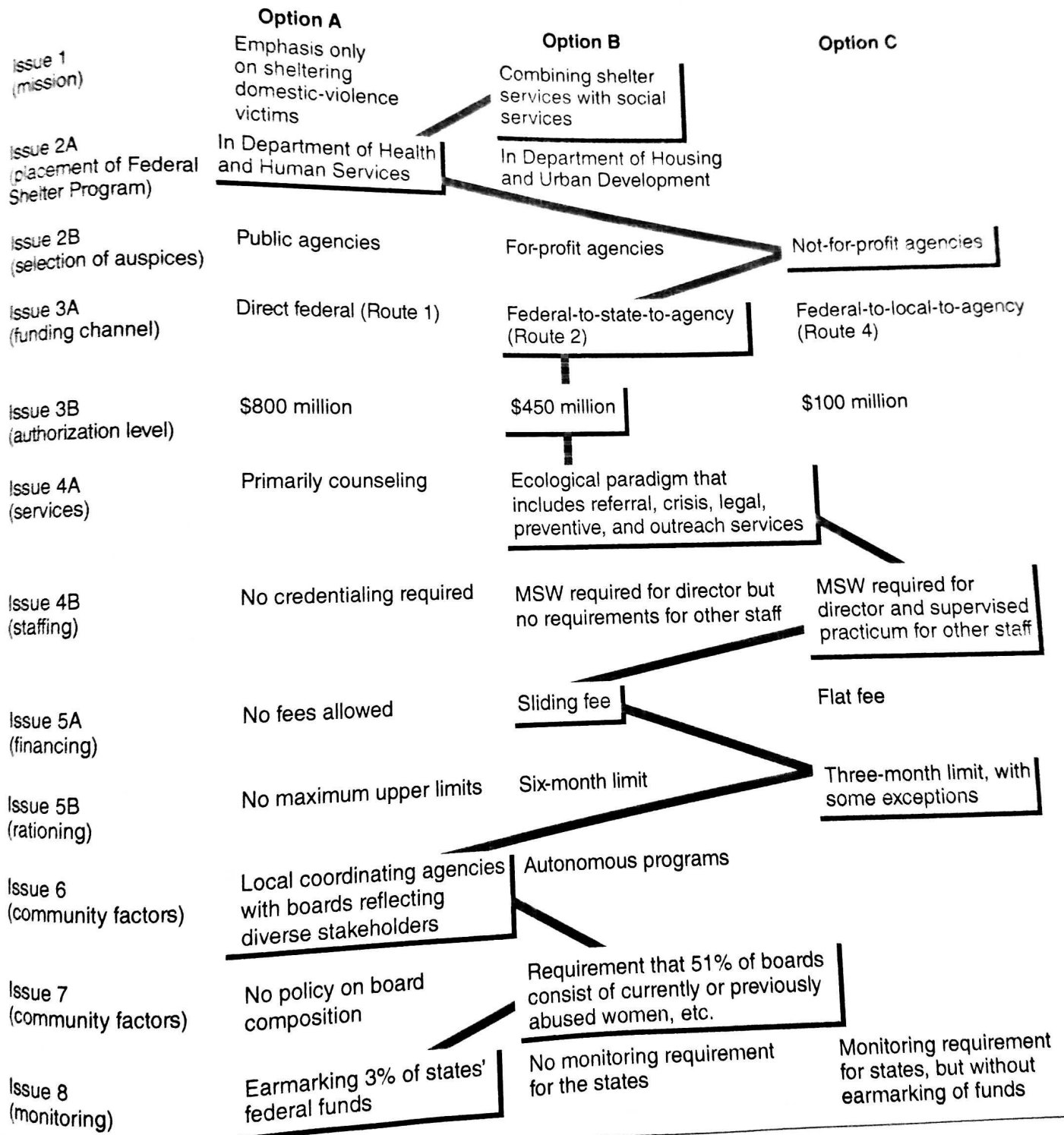


FIGURE 8.3 The Anatomy of the Federal Shelter Program Proposal

Trade-Offs: Systematically Comparing Policy Options in Step 3



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Policy advocates sometimes use a systematic process to compare the relative merits of competing options like the ones discussed earlier in this chapter. To make systematic comparisons of policy options, policy advocates often proceed deliberately; they identify options, select and weigh criteria and rank options, and develop a decision-making matrix.¹⁵ You should know about this analytic style of reasoning because it is often used in policy deliberations.

Identifying Options in Step 2

Policy analysts rarely feel comfortable with a single policy approach, wanting to compare and contrast alternative policies before making a final selection. Someone seeking to end malnutrition in certain segments of the population, for example, might examine the merits of distributing food directly to certain persons, changing the Supplemental Nutrition Assistance Program (SNAP) and changing existing welfare programs to give low-income persons more funds to purchase food. These three policy choices might be contrasted with expanding income tax credits to poor persons to enable them to purchase more food. By identifying these four options, the policy analyst hopes to avoid being prematurely committed to a specific policy.

Let us consider the systematic process of examining trade-offs by using as our example an MSW student intern who discovered that Spanish-speaking patients in her hospital placement had very few translation services available to them. She observed that some newly admitted patients had been hospitalized for as long as 24 hours without receiving any explanation of their medical condition or treatment. Many hospital staff were not informed about nuances of Latino culture, moreover, that powerfully shaped patients' responses to medical treatments. For example, a Latino signed an informed consent form for a hysterectomy. Her physician, knowing that her bilingual son had served as her interpreter, assumed that she favored the treatment plan, only to discover the next day that she was so irate that a hysterectomy had been performed that she was threatening to sue the hospital. Only later was the physician informed that it is culturally inappropriate for a Latino son to discuss private parts with his mother—and that the embarrassed son had told his mother that a tumor would be removed from her abdomen! In turn, the mother was furious, not only because she had not been informed about the procedure but also because hysterectomies are considered taboo procedures by some segments of the Latino community.

The intern's challenge was to develop a policy brief to address this situation. To do so, she had to compare alternative strategies and gauge which one would be most effective in getting translation services to Latinos. She did not take this task lightly; she realized that the well-being of many Latinos depended on getting translation services.

The social work intern identified four options:

1. Develop a cultural awareness course for new medical residents to instill sensitivity to the culture and language of Spanish-speaking patients. In particular, the course would help the residents understand the need to engage these patients in extended discussions and caring services to offset their fear of the medical system and their inability to express their needs in English.
2. Develop a computerized list of all hospital employees and residents who speak Spanish, allowing them to be contacted by medical staff when translations are needed, thus easing the burden on the seven full-time interpreters employed by the hospital.



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3. Hire more interpreters.
4. Recruit 40 bilingual Latino undergraduate students to serve as volunteer interpreters two hours per week, assigning them to the nurses' station in each unit of the hospital.

Selecting and Weighing Criteria in Step 3

In order to select an optimal policy, policy advocates must first identify the criteria to use as a basis of comparison. In simple cases, a single criterion suffices; given three policy options, for example, with the single criterion being cost, the cheapest policy option would be selected. In most cases, however, advocates identify several criteria. For example, they might consider costs, administrative feasibility, and effectiveness in addressing consumers' needs.

Policy advocates can select a variety of criteria. As was discussed in Chapter Two, **value-based criteria** are reflected in terms such as **equality, equity, social justice**, and various freedoms, such as the right to free speech, the right to privacy, the right to receive accurate and honest information, and the right to self-determination. (Moral philosophers and religious leaders discuss these value-based criteria, which are also discussed in the due process clause of the Fifth and Fourteenth Amendments to the U.S. Constitution and in the Bill of Rights.)

Consumer-outcome criteria define specific policies' effectiveness in ameliorating social problems. In the social services, for example, people often scrutinize how various policy options will affect clients' well-being.

Terms such as *efficiency* and *cost* reflect **economic criteria**. Having limited resources, policy advocates must assess the relative cost of competing options. **Feasibility criteria** pertain to the political and administrative practicality of specific policy options. An option may seem quite attractive but may be rejected because it cannot be implemented or is not politically feasible. For example, some people believe we should decriminalize certain drugs, such as cocaine, by selling them at low prices in state-regulated stores. However, many practical details confound the administration of this policy. If cocaine were legalized, what about countless other substances, including some that have not even been invented? If cocaine were legalized, the state-regulated stores might offer a wide assortment of mood-altering substances. Who would pay for growing or manufacturing the currently illegal drugs? Should poor persons be allowed to use their food stamps to purchase them? Could federal authorities easily override state laws that declare mood-altering substances illegal? Would authorities have to limit the amount of a drug someone could purchase, or could persons obtain unlimited quantities? Could drugs in such an open market be kept from adolescents or schoolchildren, or would older friends, siblings, or even some parents supply them? Some politicians would very likely assail this policy for threatening to corrode youths' morals by making drugs too accessible.

Externalities criteria are used to assess how a policy option would affect institutions or persons who initially appear to be unrelated to the policy. If drugs, including hallucinogens, were decriminalized, policy analysts would have to ask whether driving accidents would markedly increase. This externality could not be dismissed as trivial because as many as 35,000 Americans die each year from accidents caused by driving while under the influence of alcohol, which some consider as similar to a decriminalized and accessible drug. However, some positive externalities might offset these negative ones. The reduced price of drugs and their increased availability in state-regulated stores would drive criminal elements, gangs, and foreign profiteers out of drug dealing and would make it unnecessary for addicts to steal to support their habit. It would also save the federal government the millions it currently spends on combating drug smugglers, money that could well be used to fund social programs.

Terms such as **cost effectiveness** reflect how we can combine several criteria into single measures.³⁶ In cost-effectiveness studies, analysts want to know which policy will most benefit consumers at the lowest cost. One policy option may yield considerable benefit to consumers, but at a prohibitive cost; another option may yield few benefits, but at a low cost; and a third option may provide considerable benefits at a relatively modest cost. A policy analyst who wants a cost-effective policy would probably select the third option because it balances cost and effectiveness.



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When selecting more than one criterion, policy advocates need to weigh their relative importance. This is not a scientific undertaking; it reflects the values of the policy practitioner. For example, when discussing alternative criteria for evaluating welfare reform (see Chapter Seven), many policy advocates would be more likely than conservatives to emphasize welfare reform's effects on the economic well-being of former recipients, whereas many conservatives would emphasize its effects in reducing the welfare rolls.

Our social work intern decided to select four criteria, assigning a numerical value to each of them. To force herself to determine the relative importance of these four criteria, she decided to make the four scores add up to 1.0. She gave the most weight to cost and effectiveness in helping patients with translation needs, wanting to help patients immediately but realizing that funds were short in her hospital. (Each of these criteria was scored as 0.3.) She included the criteria of political feasibility and ease of implementation, realizing she would need high-level approval that would stem partly from the administrators' belief that the project could be easily implemented. (Each of these criteria was scored as 0.2, so the total score for the four criteria was 1.0.) Of course, someone else might have weighted the criteria differently.

Creating a Decision-Making Matrix in Step 3

To help them select policies, advocates often construct a decision-making matrix that graphically portrays the options and the criteria.³⁷ Our social work intern placed her four options and her four criteria on a decision-making matrix that organized her options and criteria into a table (see Table 8.2).

TABLE 8.2 A Decision-Making Matrix

POLICY OPTIONS	CRITERIA			
	COST	EFFECTIVENESS IN HELPING PATIENTS WITH TRANSLATIONS	EASE OF IMPLEMENTATION	POLITICAL FEASIBILITY
Cultural course for new residents				
Computerized list of Spanish-speaking employees				
Hiring more interpreters				
Recruiting 40 bilingual undergraduate volunteers				

Recall that she had already rated the criteria by giving scores of 0.3 to cost-effectiveness and scores of 0.2 to political feasibility and ease of implementation. (See the criteria at the top of Table 8.3, which shows how she rated the criteria and the options.)

She then rated the policy options by the criteria (Table 8.3). She decided to rank each of the options from 1 (poor) to 10 (outstanding), using information gleaned from physicians and administrators, as well as her own best guesses. She rated the cultural course as 6 with respect to cost because it would require the development of curriculum and staff to teach it. Because the computerized list would be relatively inexpensive to produce, she gave it a ranking of 8. She ranked the hiring of more interpreters as 1 because it would require more paid hospital staff. The recruiting of undergraduate volunteers was ranked 7; while they would provide free labor, staff time would be needed to recruit, train, and coordinate them. She then ranked the four policy options by the remaining three criteria. As shown in Table 8.3, she gave the lowest score on effectiveness in helping patients with translations to the cultural course (3) on the grounds that it might sensitize residents to the culture of Latinos, but it would not provide new translation services. Regarding political feasibility, she ranked the option of hiring new translators the lowest, giving it only a score of 3 because she doubted that the hospital administrators would fund this proposal. All of the options were relatively easy to implement, she decided, not giving any of them a score lower than 6.

She discovered that each option had at least one weakness: The cultural course would not make an immediate impact on the translation needs of patients; the computerized list would not prove easy to implement because bilingual staff could not interrupt their regular assignments and become translators on the spur of the moment; hiring new translators was too costly; and training and coordinating undergraduate volunteers might prove difficult to implement.

The student intern now had to calculate scores that combined her ranking of the options for each criterion and the relative importance of each criterion (the number in parentheses next to each criterion in Table 8.3). She multiplied the option rating in each cell by each criterion score, arriving at a final score for each cell (the subscript number in italics). To score the recruiting of undergraduate volunteers by the cost criterion, for example, she multiplied 0.3 times 7, arriving at a score of 2.1 in the lower-left-hand cell.

TABLE 8.3 Ranking Policy Options by Using Policy Criteria

POLICY OPTIONS	CRITERIA				TOTAL
	COST (0.3)	EFFECTIVENESS IN HELPING PATIENTS WITH TRANSLATIONS (0.3)	EASE OF IMPLEMENTATION (0.2)	POLITICAL FEASIBILITY (0.2)	
Cultural course for new residents	6 _{1.8}	3 _{0.9}	8 _{1.6}	6 _{1.2}	5.5
Computerized list of Spanish-speaking employees	8 _{2.4}	7 _{2.1}	8 _{1.6}	6 _{1.2}	7.3
Hiring more interpreters	1 _{0.3}	9 _{2.7}	3 _{0.6}	8 _{1.6}	5.2
Recruiting 40 bilingual undergraduate volunteers	7 _{2.1}	9 _{2.7}	9 _{1.8}	6 _{1.2}	7.8

Then, she added the scores for each option across the table to discover the total score for each option. She concluded that using undergraduate volunteers was the best solution, because it received a total score of 7.8, compared with the next closest option in the computerized list, which received a score of 7.3. (See the total scores for each option in the right-hand column of Table 8.3.) She hoped she could get a local foundation to provide funds for a part-time coordinator to recruit and train these volunteers. She was excited about this option for educational reasons as well: It would provide an excellent opportunity for the students to learn about the health care system.

The term *trade-off* refers to assessing the comparative advantages of policy options. The policy practitioner seeks to discover which option has the most weight, that is, the greatest net score on the criteria that the policy analyst has identified and ranked.³⁸ Thus, the student intern selected the fourth policy option, even though other options had received higher scores on specific criteria.

When reviewing this example of a decision-making matrix, it is important to dwell not on the details of the scoring rules but on the style of analytic reasoning. Other approaches to scoring could easily have been used to rank the criteria and the various options and to compute the final scores. When using an analytic style of reasoning, the policy analyst breaks the selection process into a series of sequential steps that eventually lead to an overall score for specific options.

Using a policy matrix does not necessarily eliminate conflict; persons may disagree about the criteria selected, their relative importance, and specific options' scores for those criteria. When policy analysis occurs before a policy is enacted, as in this hospital case, policy practitioners must predict the outcomes, costs, and consequences of options. Such predictions often turn out to be partially inaccurate; in this case, the student intern might later discover that she had underestimated the costs of a policy option or its effectiveness in solving a social problem.

Assume, for example, that another policy analyst came to a strikingly different conclusion than this student intern. The student intern did not realize that hospitals are required by federal civil rights legislation to give translation services to consumers who have limited English proficiency (LEP). Nor was she aware that translation services can be accessed through telephone connections that link a health provider and an LEP consumer with a translation-using technology. This policy analyst, too, realized that bilingual undergraduate students lacked sufficient familiarity with medical terms—even with considerable in-service training. How might this knowledge have led this policy analyst to reconfigure Table 8.3 and possibly reach new policy recommendations that would markedly change her policy brief?

Qualitative Rankings

Had the student intern not been quantitatively inclined, she could have ranked her four policy options qualitatively. Some critics of quantitative techniques would readily support this tactic on the grounds that the existing data do not allow accurate quantitative rankings. However, persons making qualitative rankings (such as high, medium, and low) would still have to develop options and criteria and weigh the criteria to judge the relative merits of the policy options.

Table 8.4 shows some trade-offs that social workers in agencies often encounter. Indeed, the student policy advocate discussed earlier in the chapter who developed legislation to help victims of domestic violence would have encountered each of the trade-offs in Table 8.4 when designing shelter programs at the local level (see Policy Advocacy Challenge 8.3).

POLICY OPTIONS

ADVANTAGES

DISADVANTAGES

Using intensive rather than extensive services	Provides in-depth services with greater impact	Denies services to large numbers of consumers
Developing community-based rather than agency services	Decreases stigma of service; helps integrate consumers into mainstream	Is difficult to orchestrate several community services and involve transient populations
Using generalist rather than specialized services or staff	Focuses on client as a whole person	Staff members lack specialized expertise relevant to consumers' specific needs
Providing preventive rather than curative services	Allows early detection and treatment of social problems and educates consumers to forestall development of problems	May neglect the needs of people who already have a serious problem
Using universal rather than selective eligibility	Allows staff to serve all applicants; makes imposing means tests unnecessary	Makes it difficult to target scarce resources on those with particularly serious problems
Using decentralized rather than centralized services	Makes outreach to consumers possible; improves access to services and use of community networks	Is more expensive to operate than centralized facilities
Using multiprofessional teams rather than single-profession teams	Allows many professions to contribute to service	May promote interprofessional conflict

Policy Advocacy Challenge 8.3

Micro-Level Policy: Examining Policy Trade-Offs in Agencies

Bruce Jansson, Ph.D.

Take any social agency with which you are familiar and any of the policy options listed in Table 8.4. Discuss how the administrators and staff of the agency have wrestled with that option and what solutions they have chosen in the context of trade-offs. If possible, interview some agency staff about their choices concerning the option; otherwise, use your knowledge of the agency to speculate about the possible trade-offs they had to consider when they made their choices.

Using Different Policy Skills in Tandem in Steps 2, 3, and 4

The evolution of the Federal Shelter Program proposal demonstrates that effective policy advocates combine analytic skills in identifying, comparing, and selecting policy options with other policy practice skills. Our policy advocate *also* had to develop and maintain a coalition and make ethical choices as she (and her allies) decided whether to make compromises to get the proposal enacted.

As our example of the proposed legislation to fund domestic violence shelters suggests, policy advocates must *also* be acutely aware of political realities as they construct proposals. In drafting the legislation, our policy advocate decided at several critical junctures to modify some of the provisions to accommodate political realities. She chose, for example, to propose a fiscal authorization at the rather limited sum of \$450 million in the first year. She also chose to use the states to administer the funds (Route 2, Figure 8.2), rather than

give federal authorities a more expansive role. In making these concessions to conservative and moderate politicians, she had to wrestle with an ethical dilemma: Is half a loaf better than none? Recall our Chapter Two discussion of ethical dilemmas that arise when ethical principles, such as social justice, are pitted against pragmatic factors, such as political realities.

The Basic Content of a Policy Proposal Described by a Policy Brief

We can now summarize our discussion of Chapters Seven and Eight to describe basic content of policy briefs or proposals. It includes:

1. A title
2. Problem background:
 - a. Scope of the problem—factual statements on the extent of the problem in the past, current, or future
 - b. Past policy—key legislation and milestones including significant policy and funding shifts, major studies, and so forth
 - c. Current policy—summary of current policies in the form of legislation, programs, and funding
 - d. Key organizations/individuals—contacts for public and private organizations and key individuals
 - e. Bibliography—websites, reports, articles, and other reference material
 - f. Write a compelling rationale for a new or revised policy
3. Establish clear objectives, such as whether you wish to prevent a problem from emerging or address a problem or both
4. Intended outcomes that link proposed benefits or services with specific positive outcomes such as:
 - a. Improved mental health and health outcomes
 - b. Improved employment outcomes
 - c. Improved income outcomes
 - d. Improved educational outcomes
 - e. Efficiency outcomes (reducing costs of existing programs that you will replace or revise with your proposed intervention)
 - f. Value-based outcomes including reducing inequality and advancing social justice
 - g. Prevention of specific social problems due to the proposed intervention
 - h. A combination of these or other outcomes
5. Characteristics of target groups of your policy brief:
 - a. Their income level
 - b. Their personal characteristics including ethnicity, race, and gender; sexual orientation; and age
 - c. Place of residence (e.g., urban, rural, suburban)
 - d. Life experience, such as incarcerated persons, persons just released from prison, specific levels of students, and single parents
 - e. Place of residence by type of community, such as urban or rural areas, areas with specific populations such as low-income or mixed-income ones
 - f. A combination of several or more of these and other characteristics
6. Projected size of target group
 - a. Eligibility criteria such as income or age
 - b. Number of proposed recipients
 - c. Discuss how the target group will be identified and brought into the intervention

7. Length of proposed services, such as relatively brief or longer interventions
8. Characteristics of proposed interventions
 - a. Social services
 - b. Provision of resources
 - c. Educational intervention
 - d. Mentoring
 - e. Navigational interventions
 - f. Medical services
 - g. Other intervention
 - h. Combinations of two or more interventions (e.g., tuition support college plus social services plus mentoring)
9. Specify theories drawn from social science, medical, economics, psychological, and other disciplines that might predict specific outcomes
10. Specify an array of features of your proposal, such as ones depicted in Figure 8.3 including placement of the program, funding channel, staffing, financing mechanism, community factors, and monitoring. Consider developing a matrix like Figure 8.3
11. Discuss the political feasibility of the project (see Chapters Ten and Eleven)
12. Discuss implementation strategies and issues (see Chapter Thirteen)
13. Discuss evaluation strategies (see Chapter Fourteen)
14. Discuss the projected cost of the intervention (go to www.grantSPACE.org to view the webinar developed by the Foundation Center that discusses components of budgets that include income and expenses, how to estimate the realistic cost of a budget, and other financial documents that you need to submit with your proposal)
15. Identify key milestones in the policy brief such as a start-up phase, a phase when initial staff and facilities will be obtained, a period when key interventions will be initiated, and a period when services will be evaluated
16. Specify the proposed funding strategy:
 - a. What funders will be prioritized?
 - b. What strategies will be used to reach/access these funders?
17. Provide quotations from people who support this policy brief
18. Bibliography: link to any additional readings or websites related to this policy or program

Shorten your working paper into a policy brief so that it conforms to the length required by a specific funder. Move some content to an appendix to decrease the length of the policy brief if necessary or to conform to requirements of the funding agency. For example, quotations from supporters of the policy brief, as well as bibliography, are often placed in the appendix, as well as a detailed discussion of the proposed budget.

Moving from Longer Policy Briefs to Shorter Ones Policy advocates often begin with an initial policy concept that they then expand into a full exposition in a working paper. They then edit the working paper into a policy brief that they will submit to possible funders or decision makers. They tailor the policy brief to the specifications of specific foundations, government agencies, or other funders.

Developing Budgets Policy briefs often need to contain budgets that allow potential funders to gauge their costs. Potential funders often examine budgets of policy briefs even before they read the text in them. Policy Advocacy Challenge 8.4 discusses online content that provides strategies for developing budgets.



**Policy
Advocacy
Challenge 3.4**

Many funders and legislators look at the budgets of policy proposals even before reading the text of policy proposals.

Draft a two-page policy brief for the Federal Shelter Proposal as it is described in the text in Figure 8.3 and on p. 267. Develop a draft budget for the proposal after viewing the Webinar (Introduction to Project Budgets) developed by the Foundation Center, a not-for-profit agency that provides free resources to persons who develop budgets for projects. (Go to a webinar developed by the Foundation Center @ grantspace.org). Listen to the 16-minute webinar dated September 10, 2015, which includes the Introduction (00:01), What Funders Want to See in Project Budgets (00:36), Components of a Project Budget (1:13), If You Know Your Project, You Can Plan Your Budget (2:44), How will I Know How Much My Project Costs (3:23), Estimating Personnel Costs (4:20), Estimating Non-Personnel Costs (00:45), Indirect Costs (6:58), Visible Costs (Direct Costs) versus Hidden Costs (Indirect Costs) (7:42), Calculating Your Indirect Cost Rate (8:29), Showing Your Income (10:18), Add In-Kind Contributions (12:11), Other Financial Information Often Requested (12:46), Budget Considerations After the Grant is Approved (13:46), Key Takeaways (14:54), and Where to Find Sample Documents (15:26). You will need to make assumptions about the relative size of this program including the number of residential units and the number of women who will use them, as well as the magnitude of services they will need.

Compare your budget, or your team's budget, with budgets drafted by other members of your class. What did you learn from this exercise?

Do realize that many policy briefs do not require large outlays of funds. Take, for example, the proposal to increase the federal minimum wage from \$7.25 per hour to \$15 per hour. Regulatory measures like this one require monitoring and enforcement costs, but do not require the hiring of large numbers of staff. Can you think of other policy briefs that require relatively little money as compared to the Federal Shelter Program?

We now provide a policy brief prepared by Elaine Sanchez, MPP, titled "Improving Education of Fujianese Students in New York City."

**Policy
Advocacy
Challenge 3.5**

Improving the Education of Fujianese Students in New York City

Elaine Sanchez, MPP

Below is a (fictional) example of a policy brief that advocates might draft as a way to inform an agency about a particular issue and lobby officials to adopt their recommendations.

FROM: Jane Johnson, MSW

TO: Charles Smith, Secretary, New York Department of Education

DATE: March 1, 2012

MEMORANDUM: Profile of New York City Fujianese Student Population

OBJECTIVE

As a consultant for the Society for the Welfare of Undocumented Children, a community-based organization based in New York, I led research focused on the city's Fujianese population. Largely residing in Manhattan's bustling Chinatown, they face unique challenges that serve as additional barriers to children's academic achievement. As a smaller enclave of

the broader generally well-performing Chinese subgroup, the community remains largely hidden in terms of the dialogue surrounding education policy.

My research team met with 100 Fujianese students from various New York public high schools and asked them to share their personal experiences navigating a foreign educational system. Focus groups consisted of male and female students, ages 16–20, who had arrived to the United States within the last year and a half. The following profile is the culminating product of student conversations, background interviews, and general research.

BACKGROUND

The U.S. State Department estimated in 1994 that 100,000 Fujianese lived in the country; it also expected 10,000 more Fujianese each year thereafter.¹ According to one school social worker, those figures are highly conservative. Counting those who have been granted asylum, as well as immigrants' U.S.-born children, the true number is much higher, she stated.

Fujianese typically pay between \$50,000 and \$60,000 for a smuggler, or “snakehead” as they are commonly known, to bring a family member into the country.² Immigrants have a small, one-year window of opportunity to request asylum. Yet, that is only the first hurdle. Even if they achieve asylum, they still must work off their debt to the smuggler. Typically, it takes a Fujianese family three to five years to be released of their financial bondage.³ As one article reported, this huge financial burden offers parents “too little time to raise their children or learn English.”⁴

As a result, family dynamics are oftentimes strained. Focus groups highlighted the tensions that existed between children and their fathers. Young men and women alike talked about the pressure to make money and the difficulty for restaurant workers and day laborers to do so. “Money is more important, and the son is maybe no important,” one male student said. In the majority of cases, fathers left for the United States when the students were still young, and the children followed suit at a later time. In consequence, a social worker said, girls are generally closer to their mothers and grandmothers who remain in China, and they struggle to build a relationship with the fathers who they have just met.

FINDINGS

- **Students believe learning English is key to their success in America; however, female students are at a higher proficiency compared to males.**

A social worker said—and focus groups confirmed—that girls tend to become more acculturated than their male classmates. For example, she has observed that girls are more likely to date outside their own race. Meanwhile, male students admitted that interaction with other ethnic groups is limited to the classroom. Furthermore, they were more likely to mention that their speaking skills needed improvement.

Every day the students speak English in school, and they attribute their progress to the fact that English is their main means of communication with teachers and staff. They write essays, do presentations, and study body language, all in the hopes of improving their English skills. Furthermore, they do not mind solely speaking English. Rather, they embrace it. “I need to learn English,” one girl said. “I don’t need Chinese. We come here and want to practice English. We already know Chinese.” Learning English, they all agreed, is the key to their success in America.

Recommendation: Teachers should continue their English—only policies in the classroom; however, schools can consider instituting a Big Brother/Big Sister-type program for those who are having a more difficult time with language acquisition. In such a program, English

(Continued)

Language Learners (ELLs) can be matched with native-born speakers, who can help build their speaking skills as well as their knowledge of American culture.

- **School is not a top priority for most Fujianese parents, who are more concerned with the family's debt.**

According to focus group discussions, parental involvement in school was essentially nonexistent. For the most part, they did not attend parent-teacher conferences and did not look at report cards or progress reports. The groups explained that college was seen as an expensive enterprise, one without much return on investment. "I don't talk to them about school or college," one student said. "They haven't been to school here, and they don't understand college here. They don't speak English."

Many students said their parents believed that they will end up working in a restaurant whether they attend college or not. "Working at a restaurant" is emphasized and pushed. Going to college was encouraged, but not at the expense of a restaurant position that could help pay off debt to a smuggler. "They feel like money becomes a priority over family relationships because without money they cannot live on," one student said. Interestingly, the social worker said students with more involved parents are the ones who perform better in school.

Recommendation: Activities that bring parents and students together may help foster and develop family relationships.

- **Students have aspirations for successful careers, yet they lack the requisite courses and training.**

When asked about their career goals, none of the students mentioned minimum wage jobs. Instead, careers that were mentioned included architect, designer, doctor, translator, and military officer. Because parents expect them to pursue restaurant positions, students are in conflict between their old and new worlds. The majority of focus group participants said they did not talk to family about their professional aspirations. Although most of the students were within two years of graduation, they were not aware of the training or courses they needed to take in order to pursue a college major in their desired field. "I'm confused about what kind of skills I have," one student said.

Recommendation: Schools should offer specific, tailored workshops for immigrant students who are unfamiliar with American college and employment processes. Increasing the number of teachers and advisers may also help confused students receive the individualized attention they deserve.

ADDITIONAL RECOMMENDATIONS

1. Recruitment and retention of qualified social workers

Just as the Fujianese population is a hidden community, social workers communicated that they "felt invisible." One indicated that she did not receive credit when it was due and did not receive regular check-ins from her agency. However, without her, the Chinese students at her school would feel lost and disconnected. Providing more support to social workers who work with disadvantaged immigrant populations is essential to the well-being of students. The Department of Education and other agencies must find ways to boost and maintain a high level of morale among these individuals, who are often overworked and underpaid. They should also strive to recruit additional qualified social workers so that their achievements and concerns can be better recognized and addressed.

2. Cultural sensitivity training

Teachers oftentimes do not realize that the lack of eye contact or raising hand is a cultural behavior, and consequently, Fujianese students get scored down for it. Nevertheless, many demonstrate proficiency in their Regents examinations. It would be beneficial for classroom instructors to undergo cultural sensitivity training so that they can be more aware of these types of issues. School districts can also consider serving culturally appropriate meals. Many students said it was difficult for them to get used to American food, such as pizza, but parents were too busy to pack lunch from home.

3. Translation of important documents and other information

The social worker said schools' language access services are inadequate for immigrant students. They do not account for the different dialects within a country. For example, a Fujianese parent may not understand Mandarin and may therefore miss out on important information. Schools must ensure that ELLs and their families have access to an interpreter who speaks their specific dialect.

EXERCISE

As you read through this example, think about arguments that opponents might raise concerning the writer's recommendations. What are some strategies that an advocate might employ in order to address these anticipated criticisms? How might you include these counterarguments in the policy brief?

Try outlining a policy brief on another issue. If you want practice in writing succinct policy brief, also try making this policy brief even more concise, such as by reducing its length by one-half. Sometimes, even one- or two-page policy brief can be highly effective in generating interest in a policy issue.

¹Qinbo, Gao. "Chinese Illegal Immigrants and US Tourist Visa (B-2 Visa)." 2004. TED Case Studies, No. 734. Taken from <http://www1.american.edu/TED/chinavisa.htm>.

²Zhang, Sheldon, and Ko-Lin Chin. "Characteristics of Chinese Human Smugglers: A Cross-National Study, Final Report." Taken from <http://www.ncjrs.gov/pdffiles1/nij/grants/200607.pdf>.

³Ibid.

⁴Ibid.



Chapter Summary

You are now equipped to undertake the second, third, and fourth steps of the policy analysis framework presented in Figure 7.1 to construct a proposal described by a policy brief including the following:

- Identifying stakeholders and understanding how their vantage points affect their perspectives.
- Identifying a range of policy options that often recur in policy advocacy work.
- Diagrammatically representing a proposal in the context of alternative options that occur with respect to specific issues.
- Examining specific trade-offs using both quantitative and qualitative approaches.